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SURGICAL OBSERVATIONS,

Ec. Ec.

Strahan and Preston,  
Printers-Street, London.

# SURGICAL OBSERVATIONS

ON

DISEASES RESEMBLING SYPHILIS;

AND ON

*DISEASES OF THE URETHRA.*

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# SURGICAL OBSERVATIONS.

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*On the Origin, Symptoms, and Treatment of Diseases produced by the Absorption of morbid Animal Matter, and which in Appearance frequently resemble Syphilis.*

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## SECT. I.

### INTRODUCTORY REMARKS.

SINCE the publication of Mr. Hunter's accurate observations on the Venereal Disease, it has been generally admitted that certain modifications of animal matter, being applied to a susceptible surface of the body, will in many instances excite an ulcerative disease, in which the diseased part secretes matter precisely similar to that which had excited it. These kinds of infectious matter Mr. Hunter called morbid animal poisons, in order to distinguish them from those poisons with which some animals are furnished for purposes connected with their œconomy. Mr. Hunter further shewed that the animal matter of one per-

son might induce disease in another, even though the person from whom the matter was derived had no disease\*. As Mr. Hunter's opinions have been confirmed by the subsequent experience of other practitioners, and appear to have obtained pretty general assent; and as some of the cases which I mean to bring forward seem still further to confirm and illustrate these opinions, it does not appear necessary for me at present to enlarge on these subjects.

Infectious matter may be the effect of disease in one person and the cause of it in another, and yet it would appear a solecism were we to call the infectious matter itself diseased or morbid. Besides, as some kinds of animal matter, which are not the products of disease, are nevertheless capable of exciting it, I have, in the first edition of this book, called all kinds of infectious animal matter, morbid animal poisons, which term there appears no reason to change.

It cannot, I think, on due consideration of the subject, be denied, that many sores are in-

\* See his cases of diseases induced by the transplantation of teeth, and the sucking of children, in his work on the Venereal Disease.

duced,



duced on the genitals, by sexual intercourse, which are not the effects of the venereal poison, and that many of them infect the constitution, and produce secondary symptoms resembling those of that disorder. It may be asked, however, if these diseases be not venereal, what are they? As they are all the consequence of sexual intercourse, they may, in one sense of the word, be said to be venereal. To avoid ambiguity, therefore, I shall in these pages denominate that disease which broke out at the siege of Naples, and which Mr. Hunter has described as the venereal disease, by the name given to it by nosological writers, that is, Syphilis; and I shall call those diseases, which differ from it in their progress and mode of becoming well, though they strikingly resemble it in appearance, by a name importing these circumstances, that is, Pseudo-Syphilitic Diseases.

To prepare the mind of the reader to take an impartial survey of these subjects, I think it will be useful to make a few preliminary observations relative to the probable origin of pseudo-syphilitic diseases.

Celsus describes eight species of sores with which the genitals were affected in consequence of sexual intercourse; and as this was long before Syphilis was known, it follows that there must be other causes producing them. Some of the sores described by Celsus are not unfrequently met with at present, and they are not syphilitic. Sores also frequently form upon the genitals of females in consequence of that irritation which accompanies diseased secretions from the vagina. Sores, for instance, very frequently succeed to gonorrhæa in the lower class of females, who pay little attention to cleanliness, and do not abstain from sexual intercourse. Sores frequently break out on the prepuce and glans of the male, in consequence of the irritation which gonorrhæa or other diseases of the urethra produce in these parts. These sores generally heal without the use of mercury, frequently without inducing any constitutional disease: and when they do infect the constitution, the disease occasioned by them is not syphilitic. I merely mention these circumstances at present, to shew that it is possible for ulcers to form which  
may

may not be syphilitic, and yet the discharges from them may prove morbid, and produce disease in others.

Even discharges from the genitals of one person, where no ulcers exist, are capable of exciting ulcers in another. I am aware that no argument can be grounded upon the observation of this fact in common cases, where the parties have been promiscuous in their intercourse with others, and their veracity cannot be relied on. But I have known both gonorrhæa and ulcers occasioned by connexion with persons who had no syphilitic disease, where the veracity of the parties might be relied on, and where no promiscuous intercourse could be suspected. The cases of supposed gonorrhæa arising from sexual intercourse with persons who apparently have no disease are so very common as to need no exemplification. I think, however, it will be proper to adduce some instances, in which ulcers have taken place in consequence of the application of irritating matter which was not of a syphilitic nature, because cases which can be cited in proof of this fact must be rare

occurrences, and not likely to be met with except in the extensive practice of a large city.

#### CASE I.

A gentleman was connected with a female who was kept by another gentleman, and derived from such connexion several very irritable and foul sores, which broke out on the prepuce, but which, however, had not the syphilitic characters. As neither the woman nor her keeper had any disease, he had no wish to take mercury, nor had I, being consulted on his case, any desire to recommend it to him. The sores did not heal until between two and three months, though a variety of local applications were employed. He at length, however, became perfectly well, and I cautioned him not to be again connected with the same woman. But his inclination got the better of his prudence, and another crop of sores, equally irritable, foul, and tedious, took place in consequence of a second connection. These sores were treated in the same manner as before and slowly healed. After some lapse of time, he again erred in the same manner; and again received the same punishment.

He



He had no constitutional disease from these fores.

## CASE II.

A gentleman had been my patient with strictures in the urethra, which were nearly, though not perfectly well. A large bougie could be passed with facility, but it gave some pain on passing those parts of the urethra where the strictures had been, and there still existed a very trivial discharge from that canal. Under these circumstances he connected himself with a female, who, there was good reason to believe, had had no communication with any other person. She, however, had in consequence of this connection, four fores which formed upon the under surface of the labia pudendi, two on each side. These fores were very irritable, and became larger than a sixpence, and of an oval form. They threw forth exuberant flesh of a livid hue, were very tender, and had a great deal of inflammation surrounding them. Various dressings were employed without amending them, and after a month had elapsed I was induced to recommend from

10 to 15 grains of the pil. hydrarg. to be taken daily. After another fortnight, as no amendment was perceived, and the mouth was not affected by the medicine, the patient rubbed in 2 drachms, by measure, of mercurial ointment every second night. A second fortnight elapsed without any amendment in the sores, though the mouth was slightly affected. At this time, the uneasiness of the patient and her friend induced me to desire they would consult another surgeon, who thought the sores syphilitic, and wished that the quantity of mercury should be increased, so as more decidedly to affect the mouth. In consequence of this consultation, the patient rubbed in the same quantity of mercurial ointment every night, and discontinued the internal use of the medicine. At the conclusion of another fortnight, the mercury suddenly affected the gums, and produced a degree of ptyalism which prevented its further use. Still the sores were not amended, and on the abatement of the ptyalism, I again had recourse to local means without resuming the use of mercury, the inefficacy of which had been fully proved. The sores now healed rapidly under the  
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the local use of a solution of cupr. vitriolat. Wherever mercury has been used, it must be difficult to decide whether cases are or are not syphilitic. I think it very clear, however, that the case just described was not of that nature; and, as to the sores healing suddenly, it is a very common occurrence when no mercury is used. For sores which are not affected by a local application in their incipient state, will sometimes heal rapidly if the same application be made to them in an advanced state, when the activity of the disease is abated, or its nature changed by its continuance.

Though no constitutional affection succeeded to the sores induced in the foregoing cases, yet that the system is liable to be contaminated by absorption from ulcers of this description will clearly appear from the cases related in the subsequent part of this paper: and at present, to corroborate this fact by the testimony of another, I shall relate a case which was communicated to me by an eminent and accurate surgeon in this town.

CASE



## CASE III.

A gentleman lately married complained to his surgeon of a running from the urethra, which so strikingly resembled a venereal gonorrhœa that the latter could not but ascribe it to infection. He had afterwards a swelling of the prepuce, and fores on that part, which confirmed the surgeon in his opinion, and produced a kind of dissention between his patient and him, the one affirming that the disease was venereal, the other that it could not possibly be so, as his wife had no disease, and he had had connexion with no other woman. The effect of this litigation was, that the surgeon would not urge the taking of mercury, nor would the patient require the administration of that medicine, though a bubo, forethroat, and eruptions succeeded, which could not be distinguished from similar complaints of a syphilitic nature, but all of which spontaneously got well.

The narrative of the following case was lately sent to me by Mr. Watson of Stourport. It is an instance of the nurse being in-



fects from the child, and similar instances in this respect are not unfrequently met with. Yet it contains some interesting circumstances which are explanatory of my present subject, and I therefore take the liberty of inserting it in this place.

## CASE IV.

Mrs. F., after suckling a nurse child about four months, perceived a small ulcer on the breast near the nipple, which she believed she caught from the child, as it had a bad nose and fore lips. At this time the ulcer was about the size of an almond, and of the shape of one. As it did not heal from simple dressings, the surface of the sore was rubbed with argent. nitrat. and a wash of calomel in lime water was afterwards applied. Under this treatment the ulcer healed, and a gland in the axilla, which had enlarged, subsided. This happened about three weeks after the patient had first consulted me. Two months afterwards, the patient had a severe febrile attack, accompanied with sore throat, of which she soon recovered. To this, succeeded a copper-coloured eruption which came out on all parts

parts of the body. No medicine was given at first, but as the patient became uneasy, some compound calomel pills, with small doses of nitric acid were directed. She took about 12 pills and small doses of the nitric acid for the same length of time, when they were discontinued. In about two months all the eruptions had disappeared, except some white blisters, which had lately formed about the labia pudendi, and which gave her pain, when she walked. This complaint was removed in a few days by a solution of sulphat of zinc. About a week afterwards, her husband shewed me a fore on the penis, covered by a black scab. It was about the size of a sixpence, the surrounding skin was much inflamed, but the base of the fore was neither hard nor thickened. In a few days, a second fore appeared in the course of the absorbents between the first and the groin. The inguinal glands now became enlarged, and one of them suppurated. In about three weeks from the first appearance of the fore on the penis, the patient was attacked with feverish symptoms, which were followed by an eruption, different from that which his wife had been affected with,  
but

but very similar to the erythema papulatum syphiliticum, represented by Doctor Willan. The sores on the penis spread rapidly for some days, but did not penetrate deeper than the skin, and after being twice touched with argent. nitrat. they soon healed with the use of calomel in lime water. The abscess in the groin was opened by a lancet, and the wound ulcerated considerably, but afterwards healed by the same means, that had been serviceable to the other sores.

This patient never took any mercury, except once, when some calomel was given with other aperients, as a purge.

It may be rationally supposed that the discharges from such sores as I have described, as well as the discharges from secreting surfaces not in a state of ulceration, may prove morbid and excite local diseases, or if absorbed may contaminate the constitution. Cases which render these opinions probable, are so frequent, that every surgeon must, I think, have remarked them. In consequence, however, of his preconceived opinions, he  
might

might distrust the veracity of his patients, and treat the disease as if it were syphilitic, and the consequences of such conduct will be displayed in the subsequent part of this paper.

After these preliminary observations, which are designed to shew how sores on the genitals may arise from sexual intercourse at present, as they did even in the time of Celsus; I may further remark that from the time of the breaking out of the lues venerea, it is probable such sores continued to occur, and were confounded with the sores induced by that disease: thus we may account for the opinions delivered by old authors, of even syphilis getting well spontaneously, or by the administration of medicines of acknowledged inefficacy. Every surgeon must have seen cases of syphilis getting progressively worse, till corrected by mercury, and regularly yielding to the effect of that medicine, and being permanently cured by one adequate mercurial course; so that his observations will induce him to admit the accuracy and justness of the description of that disease which Mr. Hunter has given,



given, in a great number of instances. Further, when from the insensibility of the constitution to the operation of mercury it has been difficult to excite its specific effect, how numerous are the cases of chancres, ulcers in the throat, and nodes, that have remained stationary and unvarying under a long use of mercury, and yet have yielded and become perfectly well, when by more energetic measures the constitution has at length been affected by this medicine. To identify what I consider as true syphilis, and to excite the reader's attention to that disease, so that he may contrast it with those which make the subject of the present publication, I shall here insert a case which was related in the first edition of my surgical and physiological essays, to shew the efficacy of mercurial fumigations in affecting the constitution, when other modes of administering mercury had failed to produce its specific effect \*.

## CASE

\* It is not my intention to republish the cases in proof of this fact, because I think that the present one is sufficient to evince its truth. It seems, however, right to mention, that my opinions on this subject are unaltered, and

## CASE V.

A young man had a chancre by the side of the frænum preputii, which had all the characters of true syphilis. It was of a circular form, with a thickened edge and base; there were no granulations, and matter adhered to the surface. For this, he took mercurial pills in large quantities, which never affected his mouth, though occasionally they produced griping pains, and made him feel very unwell. He was obliged at this time to travel pretty constantly, so that he could not conveniently rub in mercurial ointment. When the mercury was taken in such quantities as to make him feel ill, and to disorder his bowels, the fore

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and to repeat, that I have found mercurial fumigations employed in the manner recommended by the Chevalier Lâlonette, a physician in Paris in 1776, to be, in the majority of instances, a more powerful and innocent means of producing a mercurial affection of the constitution than in unction or the internal use of mercury, and equally certain of radically curing the disease for which it has been thus administered. The fumigating powder which I have used instead of Lâlonette's is calomel washed in water, containing a small quantity of ammonia.

looked red on the surface, and seemed disposed to heal, but when he diminished the quantity of the medicine the sore assumed its former diseased characters. After the chancre had continued for two months, a small bubo formed, suppurated and burst. By persevering in the internal use of mercury to the greatest extent that he could do, the chancre healed and the bubo got well about the same time. This happened four months after the occurrence of the chancre, and six weeks after the breaking of the bubo. As at last having got the chancre to heal by pushing the use of mercury to an extent that made him feel very uncomfortable, and much indisposed, he left off the medicine sooner than he ought to have done. In two months more, his former occupations ceasing, he returned to London, where he afterwards remained. Shortly after his return, which was in September 1788, one of his tonsils seemed a little enlarged, indurated, and tender, so as to occasion a difficulty in deglutition. In the course of a week it ulcerated, and the ulcer acquired by degrees all the characters of syphilis. It was of an oval

form, excavated, without granulations, and with matter adhering to its surface. The same circumstances took place in the opposite tonsil and an exactly similar sore formed in it. As the history as well as the appearances of the primary chancre left no doubt of its nature, and as the secondary symptoms were equally unequivocal, he immediately began a mercurial course: being healthy, and his bowels not easily disturbed, he took, on an average, from two to three grains of calcined quicksilver, or calomel joined with opium, every day for three months; and also used mercurial ointment during the same period, beginning with two drachms, and gradually increasing it to an ounce daily: besides which, he had for a short time taken a solution of hydrargyrus muriatus. Yet all this scarcely produced any soreness of his gums, or caused any visible amendment in the ulcers of his throat; the only effect it had being that of preventing them from becoming worse. His bowels indeed were occasionally disturbed by the medicines, but were easily quieted by opium. To rub in the quantity of mercurial ointment used towards the latter part of the course,



course, the patient spent nearly an hour and half every night and morning ; but as he became weaker, he perspired considerably in consequence of this exercise, which tended to frustrate his endeavours, by preventing, or at least greatly diminishing, the absorption of the medicine.

No ground being gained by pursuing this plan, Sir Charles Blicke recommended mercurial fumigation according to Lálouette's method, which he had occasionally employed with success, and which would not only relieve the patient from the fatigue of rubbing in the ointment, but prevent any farther irritation of his bowels, by superseding the internal use of mercury. The patient was accordingly exposed, for half an hour each night, to the fumes produced from half an ounce of the powder ; by which means, in less than a fortnight, his constitution and mouth became properly affected by the mercury ; the ulcers healed soon afterwards ; and in about a month he was permitted to discontinue the remedy.

In this case the disease in all its circumstances precisely agreed with the description of syphilis given by Mr. Hunter. It was unchangeable in its characters; it regularly and progressively got worse when no mercury was employed, it was stationary when opposed by that medicine, and it was permanently cured by an adequate mercurial affection of the constitution.

Having been educated in the old school, under professors who prided themselves in possessing the *Tactus* and *Visus* eruditus, I was anxious to obtain that happy discrimination of colour that should enable me to pronounce from the copperish tint of an eruption that it was undoubtedly venereal. But my endeavours were ineffectual; and much was I gratified by the publication of Mr. Hunter's book, which furnished me with a clue to guide me through the labyrinth in which I had been bewildered. All my observations, while a student, corresponded with Mr. H.'s, and when I experienced as well as witnessed the perplexities of practice in these diseases, I saw nothing contrary to his description

scription. I saw cases of true syphilitic disease, which had been regular in their progress and increase, when no mercury was used, regularly and permanently cured by that medicine. I also saw diseases resembling the venereal, which were neither regular in their progress nor cure. Each year additional facts presented themselves to establish these opinions, and none appeared to contradict them. The following case in particular, of a medical student of the hospital, made a strong impression upon my mind.

## CASE VI.

This gentleman thought that he had infected a slight cut on his hand (which was situated in front and just below the little finger) with the discharge from a bubo in the groin that he had opened. The wound fretted out into a sore about the size of a sixpence, which he shewed me, and which I affirmed had not the thickened edge and base, and other characters of a venereal chancre. I therefore recommended him to try the effect of local means, and not to use mercury.

In about a month the fore, which had spread a little, became again contracted in its dimensions, and assumed a healing appearance. At this time pain was felt extending up the arm, and suddenly a considerable tumour arose over the absorbing vessels, which proceed along the inner edge of the biceps muscle. This tumour became nearly as big as a small orange. As the original fore seemed now disposed to heal, and as there was no surrounding induration, I could not believe it syphilitic, and therefore recommended him still to abstain from mercury, and apply leeches, and linen moistened in the *aq: litharg: acet: comp:*, to the tumour formed over the inflamed absorbents.

Under this treatment the tumour was dissolved, and the fore at the same time healed. About three weeks afterwards the patient called on me, and said that there were venereal ulcers in his throat; and in each tonsil there was an ulcer deeply excavated, with irregular edges, and with a surface covered by adhering matter; ulcers, in short, which every surgeon, who depends on his sight as  
his



his guide, would have pronounced to be syphilitic. Shortly after also, some copper-coloured eruptions appeared on his face and breast. He shewed his diseases to several surgeons, on whose opinion he relied, who, without hesitation, affirmed that they were syphilitic, and that the mercurial course had been improperly delayed.

Whilst the patient was looking out for lodgings, in order that he might go through the mercurial process, a circumscribed thickening and elevation of the pericranium covering the frontal bone appeared; it was of the circumference of a half-crown piece; and was, in short, what every surgeon, who is guided only by his sight and touch, would, without hesitation, have called a true corona veneris. I now told the patient that I was still more inclined to believe his disease was not syphilitic, from the sudden and simultaneous occurrence of this node with the fore throat, &c. Other surgeons thought differently; and I believe this very sensible and amiable young man imagined that his health would become a sacrifice if he any longer attended to my  
C 4 opinion.

opinion. He was preparing to submit to a mercurial course, when very important concerns called him instantly into the country. He went with great reluctance, taking with him mercurial ointment, &c. : and after a fortnight I received a letter from him, saying that he found his complaints benefited by his journey, that business had prevented him from beginning the use of mercury for a few days, that he now found it was unnecessary, for his symptoms had almost disappeared, and shortly afterwards he became well.

At the time, and ever since, I considered this case as meriting publication, as being a most unequivocal instance of a disease occurring, which could not from appearance be distinguished by surgeons of the greatest experience from syphilis, and which, however, was undoubtedly of a different nature ; and I believe that there is no one, who would not have decided on this case, as those did who declared it to be syphilitic, unless they had had an opportunity of watching its progress very attentively. This case probably made me more scrupulous than I should  
other-

otherwise have been in admitting diseases to be syphilitic, till their unabating progress established their nature beyond the possibility of doubt; and from this hesitation in deciding. I have been enabled to prove, that a great number of cases, in which mercury would have been employed, have got well without the use of that medicine.

In the course of practice, I frequently met with cases of a nature similar to the foregoing. In these, I had opportunities of tracing constitutional symptoms from the primary sores which had caused them, a circumstance which cannot frequently be done in hospital practice. I saw that the primary sores had not the character of syphilis, notwithstanding the secondary symptoms often strongly resembled those of that disease. As, however, I did not meet with other surgeons who thought as Mr. Hunter did on this subject, and as my observations so strictly coincided with his, I thought it right in the first volume of my Surgical Observations, published 1804, to excite the public attention to these cases by laying before it the following

Essay.

Essay, but previously I enquired of the best surgeons in London, whether constitutional symptoms of syphilis do ever spontaneously amend? To this enquiry no one decidedly replied in the affirmative, whilst all without hesitation agreed that they were generally, if not constantly, progressive, unless checked by the operation of mercury. In consequence of this opinion, so concurrent with Mr. Hunter's description of the disease, I was induced to publish the following cases and remarks.



## SECTION II.

*On Pseudo-syphilitic Diseases becoming well spontaneously.*

MR. Hunter, in his excellent Treatise on the Venereal Disease, has related several cases supposed to be syphilitic, and some of which were certainly not so, as they got well without mercury; but in the greater number the employment of this medicine rendered their nature doubtful. Mr. Hunter also, who was as cautious in drawing conclusions as he was accurate in making observations, expresses himself in many instances so diffidently on the subject, as, in my opinion, not sufficiently to impress the minds of his readers with the certainty, importance, and frequency of such facts. He concludes his observations by intimating "that undescribed diseases, resembling the venereal, are very numerous, and that what he has said is rather to be considered as hints for others to prosecute this inquiry further, than as a complete account of the subject." As it has occurred to me very frequently to meet with such cases,

cases, and as the necessity for discriminating them from syphilitic diseases appears to me of the highest importance, I shall prosecute the subject by relating some unequivocal cases of diseases strikingly resembling syphilis, but which, however, were disorders of a different nature, provided it be admitted that syphilis does not spontaneously get well without the aid of medicine.

The necessity for discrimination between these diseases will appear upon a slight consideration of the subject. If a surgeon, who does not see that extent of practice which occurs in a metropolis, administers mercury in one of the diseases resembling syphilis, he finds perhaps that the symptoms yield slowly; and even after a considerable and debilitating course of that medicine they may recur. They are then counteracted by a still more severe use of mercury, till they perhaps spontaneously cease, which may not happen till the patient's constitution is so enfeebled, that if it do not fall into other states of disease it very slowly regains the standard of health. Such cases would induce the surgeon to consider the

the venereal disease as peculiarly difficult of cure, and liable to recur on the remission of even a severe course of mercury. The consequence of this opinion is, that he employs mercury to an unnecessary and injurious degree in his general practice,

I do not mean, however, by these remarks to imply, that, in my opinion, syphilitic diseases are equally susceptible of cure in every instance by mercury; nor am I an advocate for what has been termed an alterative course of this medicine. Cases which frequently occur have convinced me that it requires a very considerable mercurial effect to cure syphilis in some instances; and that this effect must be continued for a considerable time in order to insure a cure. Mr. Hunter probably wished the subject of diseases resembling syphilis to be prosecuted, in hopes that some distinctive characters might be discovered as peculiar to them; but the following cases shew that these diseases ensue from primary infected sores of very dissimilar appearances, and sometimes arise without any primary sore having been observed.

Whilst

Whilst, then, the primary symptoms are thus variable, and such as may perhaps in the greater number of cases be distinguished from those of syphilis, the secondary or constitutional symptoms often so strikingly resemble those of that disease; as not to be discriminated from them by sight, though in general they may be by their progress.

I have kept no particular account of the numerous cases which I have met with, but the five following instances happened in my own private practice within a few months, and the circumstances of them are still fresh in my memory. The cases are drawn up from narratives which I requested the patients themselves to make out of their own diseases.

#### CASE VII.

A gentleman had a sore on the lower part of the prepuce near the frænum, which was much irritated by travelling from the country. When he came to town there was a good deal of surrounding inflammation, and a thickening adjoining the edges of the fore  
which



which were irregular, and seemingly disposed to spread. An appearance of granulations had taken place on the surface of the ulcer, which was at this time as large as a shilling. I gave him the *pilulæ hydrargyri*, whilst I tried by local means to quiet the irritation of the sore, and of the surrounding parts. As the sore appeared to heal slowly, and seemingly in proportion to the quantity of mercury taken, the patient rubbed in at the same time some mercurial ointment, and continued to do so till after the sore was well, which was in about a month. In three weeks after he had left off these medicines, this patient applied to me on account of an ulceration on the *velum pendulum palati*, and on the surface of one tonsil; and soon afterwards ulcers took place on the edges of the tongue, and on the inside of the lips and cheeks. Copper-coloured spots also came out on his arms and legs, and all over his body. They were very numerous, but none appeared on his face. By waiting and watching the progress of the disease, I found that some of the ulcers amended spontaneously, and that the palate got well. I therefore exhorted him to refrain



from mercurial medicine, and he went into the country. A medical gentleman, whom the patient consulted, was very anxious to try something to cure this disease, when his patient was seized with a severe febrile complaint, during the continuance of which all these doubtful symptoms disappeared, and there has not been any return of disease since that time.

#### CASE VIII.

A gentleman had a small sore on the prepuce, at a little distance behind the corona glandis, which did not appear like a venereal chancre, and therefore no mercury was used. After about a fortnight, during which time it could scarcely be said to be better or worse, it suddenly became considerably indurated in its circumference, and the surrounding parts became inflamed. The hardness was so considerable that it resembled one of those indurated chancres which so frequently occur; and in consequence of this striking resemblance, another surgeon, whom the patient consulted at this time, insisted on his confining himself to his chamber, and using mercury attentively.

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The quietude of the patient, with some little attention in regard to local applications, soon removed the inflammation and hardness, and the patient, who was controlled by nothing but his fears, discontinued his medicine after thrice using some mercurial ointment, and returned to his former mode of life.

About a month afterwards, he called on me with an ulcer in each tonsil, one of which was deeply excavated, with irregular edges, and covered by adhering matter. Shortly afterwards, copper-coloured spots appeared on his body, but these diseases all disappeared in about a month, without using mercury.

#### CASE IX.

A gentleman applied to me with a very irritable fore, or rather excoriation, extending itself over the left half of the corona glandis. It was unlike a syphilitic fore, as may be supposed from this description, yet, as the patient was young and healthy, I advised him to take some of the *pilulæ hydrargyri* to guard against the possible consequences of absorption, and to bathe the parts affected with

the aq. litharg. acet. comp. c. opio, and to apply folded linen moistened with the wash round the penis. The prepuce soon became swollen and inflamed, so that he was unable to retract it, and the attempt gave him great pain. He was therefore directed to cleanse the part by injecting frequently the decoction of white poppy heads of a lukewarm temperature. After a week he tried a very weak solution of vitriolated zinc, and other metallic salts, but they all increased his pain, and he was obliged to return to the use of the anodyne wash. When he had persevered in this course three weeks without any evident amendment, he consulted another surgeon, who recommended the discontinuance of the mercurial medicine, and in lieu of it, the free use of the bark. This medicine he took for a week without any amendment; he then tried the nitrous acid for ten days, and afterwards took cicuta.

In about two months he was able to retract the foreskin, and then the solution of vitriolated zinc appeared to lessen the irritability, and

and contribute to the skinning of the sore, which was merely on the surface, not having been attended with any loss of substance.

Afterwards the penis being subjected to some accidental irritation, the same kind of soreness spread over the other half of the corona glandis; but this disease was not accompanied with so much tenderness as the former one, and got well in less than a month. As soon as it was well, the patient had an ulceration of the velum pendulum palati, round which the cuticle assumed a whitish colour; the ulceration spread across the palate, but it was evident that the part first affected got better, whilst the ulcer became worse in the parts last affected. Two or three ulcers took place upon each edge of the tongue, and some on the inside of the lips. At the same time many copper-coloured spots appeared on the face, breast, arms, and lower extremities; they came out in succession, were of an oval shape, about the size of a sixpence, and had a strikingly syphilitic aspect.



Believing that the primary symptoms of this disease were not syphilitic, and observing that some part of the ulcer on the palate healed, and that some of the sores on the tongue and lips got better, whilst new ones broke out, I recommended the patient to use no mercury. He went into the country, where all these maladies gradually disappeared, and in about a month he was perfectly well.

#### CASE X.

A person, whose irregular habits of life gave reason to suspect the existence of syphilis in the constitution, had ulceration of the tonsils, not superficial, but deep. These were accompanied with copper-coloured spots on the face and breast, and eruptions on the head amidst the hair, accompanied with a great deal of scurf. These got well by anointing the head with ung. hydrarg. nitrat. mixed with simple ointment, which made me doubt whether the other diseases were really syphilitic, and caused me to delay the use of mercury. The complaints did not amend, nor did they get materially worse. There was attending these diseases a good deal of  
general



general indisposition ; the appetite failed, and no sleep took place till the morning.

At this time a tenderness and thickening of the periosteum of the tibia took place. Though other medicines did not appear to be of any service I still was averse to the use of mercury. Tired of delay, the patient consulted another surgeon, who declared the disease to be venereal, and desired that mercurial ointment might be used. The patient accordingly rubbed in two or three nights without feeling any effect from the medicine, and then set off on a party of pleasure to Brighton, where all the diseases gradually disappeared without any further use of mercury.

#### CASE XI.

A gentleman had an enlargement of a gland in the groin, probably from the absorption of some infectious matter, though he was not conscious of having had any sore. A second and a third gland became enlarged, the integuments became thickened and inflamed, and a very large bubo formed. It suppurated and burst in three places. The general tumefac-

tion subsided, but by no means dispersed, and sinuses remained where the abscesses had been. About this time I saw the patient, which was two months after the first appearance of the disease.

Shortly after this, he had an ulceration, which spread over the velum pendulum palati, and except that it was more superficial, much resembled a syphilitic ulceration. It continued so long without amendment, that I began to think it was syphilitic. Bark was now given plentifully, and the ulcer evidently amended. The patient went afterwards to the sea-side, where the bubo gradually dispersed: many months however elapsed before it entirely disappeared. The ulcerations of the velum pendulum palati also healed slowly; and ulcers, which afterwards appeared in the back part of the pharynx, got well likewise without mercury.

These cases are not related as being rare or curious, but because they all occurred to me within the space of a few months, and because sufficient time has elapsed since their  
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their occurrence to shew that there is no probability that there will be any recurrence of these or similar symptoms. It must be allowed that they are incontestable instances of diseases getting well without mercury, which could not be distinguished by mere inspection from similar diseases truly syphilitic. For though mercury was employed in some of the cases, it was used at such a time, or in such quantity, that it cannot in the least influence our decision as to this point. For instance, in the first case though mercury was employed for the cure of the primary ulcer, and did apparently contribute to it; yet the secondary symptoms got well without mercury, which, according to the opinions now prevailing among surgeons, is a proof that neither was syphilitic. It may indeed be supposed that the syphilitic poison may be modified by certain constitutions, and its effects spontaneously disappear; and some may question if the secondary symptoms were the consequences of the sores or absorption to which I attribute them. What I have written is, I believe, in conformity to prevailing opi-



nions, and I forbear to enter into uncertain discussions.

These instances, however, though not selected for the purpose, shew that the primary infected fores which are capable of producing secondary symptoms, strikingly resembling those of syphilis, do not themselves possess any uniform characters. In the first case the ulcer had no uncommon appearance; it was of the size of a shilling, with fretful edges, and every where covered with granulations. In the second there were no apparent granulations, and a great degree of induration suddenly surrounded it, giving it a striking resemblance to the indurated venereal chancre. In the third, the fore surface was extremely irritable; but though the disease existed for a long time, the ulcerative process did not eat into the part; and at the conclusion of the case there was no loss of substance. In the fourth and fifth cases, the absorption of the matter, which caused the secondary symptoms, either took place without any breach of surface, or the primary  
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fores were too insignificant to excite attention. I lately attended a gentleman who had an ulcerated throat, and eruptions on the head, which broke out between the second and third month after the appearance of a sore on the prepuce, which sore healed in a few days with no other treatment than bathing it with a solution of acetated lead, and applying to it a piece of lint moistened with that liquor. This circumstance made him disregard the primary sore, but he was assured by a surgeon, whom he consulted, that the secondary symptoms were syphilitic; they however got well without mercury.

It is probable, that the morbid poisons which produce pseudo-syphilis may be absorbed without any evident ulcer, or from a trivial ulcer, which may heal spontaneously, much more frequently than the syphilitic poison; and if the consequent constitutional symptoms are considered as the effects of the latter disease and treated as such, I need not say what confusion must be produced in the mind of the surgeon who pursues this conduct, and how bewildered his opinions must be repeat-



ing venereal diseases. If, for instance, in the eleventh case, a surgeon had considered the secondary symptoms as syphilitic, and employed mercury successfully for their cure, he would set this down as a case of syphilitic bubo occurring without a previous chancre, and be inclined in his general practice to use mercury in all cases of buboes without chancre, lest constitutional diseases should ensue. There, however, does not appear any thing that should exempt the glands of the groin from enlargement, and diseases to which other absorbent glands are subject, whilst they are particularly liable to irritation and consequent disease from disorders of the urethra and other parts, to which they are connected by means of their vessels. The use of mercury as a specific, therefore, in enlargement of these glands, unless they have been preceded by a chancre, must, I think, be considered as improper.

I have met with many similar cases since those five that have been related, and of which, from their sudden and almost simultaneous occurrence, I was induced to take a  
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written account : within these two months, I, have seen two cases of eruptions and three of fore throats. The eruptions took place particularly about the hands and feet : in one case, the patient has been salivated for them ; the disease, however, recurred, and afterwards got well without the use of mercury. In the other, there were warts and sores on the prepuce, and buboes in the groin, which suppurated and burst : the eruptions so strikingly resembled those of syphilis, that all the medical men, who accidentally saw the patient, exclaimed that they were so, with a confidence proportioned to their professional skill and accuracy of observation. Indeed in this case, and in others, I have been almost impelled to use mercury, in consequence of the opinion and wishes of the patient and those of his friends. The history however of this disease did not accord with that of syphilis ; the warts had preceded the sores ; some sores healed, and others broke out ; and at last, some of the eruptions began to get well, and the rest gradually disappeared. The third patient had a sore throat for which he had been salivated : it afterwards recurred  
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when it got well without mercury. The fourth and fifth had ulcers in the throat and on the lips and tongue: they all got well without mercury. One of the patients who had the fore throat had been salivated, but the disease recurred. In the other two I forbore to use mercury, and I have reason to say they will do well without it. In one of the latter cases there were ulcers on the tongue and the inside of the lips.

If, then, the occurrence of such cases be frequent, and the necessity of discriminating them from those of syphilis be of great importance, we may solicitously enquire by what circumstances we are to distinguish between diseases so similar in appearance, but so different in their nature. Mr. Hunter seemed to wish the prosecution of this subject, probably from the expectation that some characters appropriate to these diseases might be detected: I have not, however, been able to discover any; the fictitious disease in appearance so exactly resembles syphilis that no observation, however acute, seems to be capable of deciding upon its nature. Although the ulcers

cers in these ambiguous cases generally spread more extensively along the surface of the part which they affect, yet this does not constantly happen, as is shewn in the eighth case. In this case, however, the induration which surrounded the chancre occurred suddenly, and went away as rapidly. The progress therefore, of the two diseases was very dissimilar \*. It must also be remarked, that

\* On the subject of induration surrounding chancres I think it may be useful to relate the following case, and to mention that I have known similar ones in a less degree :

A student in surgery shewed me an indurated chancre, for the cure of which he had used a great quantity of mercury, which had affected his mouth for a long time, though not severely. The sore so exactly resembled a bad indurated venereal chancre that I did not hesitate to recommend him to remain at home, and rub in so as to produce a slight salivation. But as no amendment was perceived after a fortnight's confinement, and under a considerable affection of the mouth, I was induced to enquire more strictly into the local treatment of the sore, which I found he was constantly irritating by various stimulating applications. He also affirmed that the hardness had several times gone away and returned again. By bathing the part with milk and water, and dressing it only night and morning with mild salve, the hardness quickly abated, and thought he desisted from the mercurial course it soon became perfectly well.

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true syphilitic spots and ulcers sometimes assume the appearance of other diseases, and do not possess their ordinary characteristics.

Since, then, our senses fail us in our endeavours to discriminate between these two diseases, and since the most important circumstance is to distinguish whether the disease be syphilis or not, we may enquire whether there are any circumstances in the progress of these different diseases which will serve us in distinguishing one from the other. It appears to me that there are; and these cases are published not merely to shew the frequency of such occurrences, and the necessity for discrimination, but to engage a more general attention to the means by which such distinction may be made. A very simple fact has enabled me in most cases to distinguish between the two diseases; yet, simple as it is, if it be generally true it is very important; and if it were universally true, it would be of the highest consequence. The fact alluded to is, that the constitutional symptoms of syphilis are generally progressive, and never disappear unless medicine be employed. It may  
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be added too, they are as generally relieved under an adequate effect of mercury on the constitution. An attention to such plain and simple circumstances has been of great use in directing the medical treatment which I have pursued, and I am induced to solicit the public attention to them, that others may determine the value of such remarks.

I have asked the opinion of several surgeons of great practice and abilities respecting this question; Whether constitutional symptoms of syphilis do ever spontaneously amend? and no one has decidedly replied in the affirmative, whilst all, without hesitation, agreed that they were generally progressive till checked by the effect of mercury. It seemed useless to seek further information; for what surgeon is there at present, if he sees diseases that cannot be distinguished by the sight from syphilis, and hears that they arose in consequence of a chancre, that would suspend his judgment, and forbear to administer mercury? If I have lived in the habit of so frequently detecting the imposing appearances of the secondary effects of these diseases, it is because

I have been upon the watch, and because they have occurred in patients in whom I have seen the primary sores, the appearance and progress of which have excited my suspicion as to their nature. I have stated the rule as general, but not universal; for I could myself relate cases of diseases, in which, from the great abatement, and even disappearance of symptoms, I have concluded the disease was not syphilitic; yet, from the duration of the disorder, or from the subsequent aggravation of its symptoms, the patient has desisted, and I have recommended the use of mercury, and the disease has been successfully treated as syphilitic without its real nature being ascertained.

The rule which has been mentioned relates to the constitutional symptoms of the venereal disease, for the primary ones, chancres, do sometimes heal spontaneously, generally however, though not constantly, leaving a thickening or induration of the affected part. They may also be induced to heal by topical means, without mercury, with similar events. Some enlargements of glands in the groin will also in like manner subside.

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It may be fairly supposed that if some chancres heal spontaneously, constitutional diseases arising from the same cause, may, in like manner, sometimes get well without mercury. The question can only be solved by experience. Delay will I am sure frequently enable a surgeon to decide, that the disease is not syphilis; but there are cases in which no amendment takes place, and the surgeon is as it were forced, from the progress of the disease, to employ mercury, though doubtful of its nature.

In recommending prudent delay and attentive observation, I hope and believe that I am not recommending any thing likely to be of dangerous consequences. The venereal disease is generally soon checked by the use of mercury; and in constitutions where much medicine is required to counteract its effects, that medicine may be given with freedom. By delay and observation we perhaps may perceive that eruptions and sore throats, which could not from appearance be distinguished from venereal, spontaneously amend: that some eruptions scale and become well,



and the probability will of course be that the rest will do so likewise: or that an ulcer mends in one part though it may spread in another, when the natural inference is, that the diseased actions in the fore will gradually cease, and health return spontaneously; and that what has occurred in one part of an ulcer will successively take place in the others.

In recommending delay it cannot, I suppose, be thought that I would advise any one to wait till an ulcer destroyed the velum pendulum palati, or did material injury to any important part. There are cases where the progress of the disease obliges the surgeon to use mercury, even though he may be suspicious that it is not syphilitic. The effect of exciting a mercurial affection of the constitution, where we feel ourselves under the necessity of employing that medicine, in diseases resembling syphilis is, as far as my observation enables me to determine, very various. It sometimes cures them very suddenly, and very differently from the gradual amendment which it produces in truly syphilitic

litic diseases. Sometimes, however, these diseases yield more slowly to its operation, and are cured permanently. Sometimes the diseases recur in the same parts after a severe course of mercury; sometimes mercury merely checks the disease, and can scarcely be said to cure it; in which case it seems important to support the strength of the constitution, and to keep up that mercurial effect which controls the disease, and can be borne without material derangement of the constitution for a great length of time. Sometimes also the use of mercury aggravates these diseases.

Again, in some constitutions, syphilitic disease may assume unusual characters, and be very difficult of cure. It must then be scarcely possible to discriminate between these anomalous cases of syphilis and those of diseases resembling it, unless some new distinctions are discovered.

But I suppress any further observation on the subject, having accomplished the intention of this paper, which was to depict a



kind of cases which very frequently occurs in this metropolis, and which is, I believe, too commonly treated as syphilitic, but which may be distinguished not to be so by a little prudent delay and attentive observation. The frequent cases of such disorders which I have recently met with has suggested the idea that they are increasing of late; nor is it improbable, since they are like syphilis, propagated by promiscuous intercourse from secretions, or sores not so readily curable by mercury as those that are syphilitic, and some of which are not from their nature so prohibitory of that intercourse.

It is now years since this paper was drawn out as a subject for discussion at a medical society; and, after such an interval, the chance of any of the disorders which are described in it returning is diminished almost to nothing. I have since met with considerable numbers of similar diseases, which give confirmation to the opinion that they are frequent occurrences. In some later cases, when the disease has been long protracted, and the patient very anxious to get rid of it, I have

have given a little calomel for that purpose, but not so as to invalidate the opinion that the disease was not syphilitic. Having waited, for instance, four months from the occurrence of a sore throat with eruptions, and being assured by the progress of the disorders that they were not syphilitic, I have directed that the compound calomel pills \* should be taken in such doses as to control the disease without weakening the constitution, which generally disposes the sores in the throat to heal, but I have taken care to remit the use of even this small quantity of mercury if it seemed to heal the sores too speedily; for it seems to me better to let the disease exhaust itself than suddenly to cure it, as in the latter case it is very likely to return. In confirmation of this opinion I may mention, that, about five years ago, a gentleman applied to me to undergo a salivation for the cure of a sore throat, for which he had been salivated three times, once in each succeeding

† The pill, as prescribed in the pharmacopeia of St. Bartholomew's Hospital, contains 1 grain of calomel, 1 grain of the precipitated sulphur of antimony, and 2 grains of powdered gum guaiacum.

year. I need scarcely say that it was one of those ulcerated throats which have been described. All medicine was abstained from; and in between three and four months the sores spontaneously became well, and have never since recurred. The whole of this paper has been written upon the presumption that diseases which spontaneously get well are not syphilitic, which is, I believe, the general opinion. It may, perhaps, be questioned by some, whether the diseases here recorded may not be modifications of the venereal disease. The practical rules of conduct will not, however, be altered even if such a supposition were verified, so that it does not seem necessary to discuss this point: it may however be right to remark, that there are cases which would induce the belief that ulcerated fore throats, eruptions, and nodes on the bones, similar to those described in this paper, may occur from a general disturbance of the constitution, without the absorption of any infectious matter.

The object of this paper being simply to excite attention to such cases as are recorded  
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in it, I did not think it necessary to enlarge much upon a circumstance which, however, is a strong evidence of the necessity of discriminating between such diseases and true syphilis. The circumstance to which I allude is, that though a course of mercury may at the time remove all the symptoms for which it has been employed, yet it will not cure the constitutional disease; for the symptoms will recur when the medicine has been discontinued after repeated and severe courses of mercury, as will be fully shewn, by cases which I shall afterwards relate.

Having written the forgoing account, I intended here to conclude, having, in my own opinion, accomplished my purpose, which was to prosecute in some degree the subject which Mr. Hunter deemed worthy of investigation, and to depict the circumstances of diseases which I believe very frequently occur, and which are often confounded with cases of syphilis, to the detriment of patients, and the discredit of our profession. But having requested the opinions of two of my medical friends on the foregoing paper, one



of them said, that he thought the publication of it would be injurious, as it might induce the younger surgeons to abstain from the use of mercury, to the prejudice of their patients; the other gentleman said, that he thought more explicit descriptions should be given of the cases in which mercury should be withheld or employed. In consequence of these opinions, I am induced to take a closer comparative view of the diseases that are, and of those that are not, syphilitic.

I undertake the task reluctantly, because the brevity with which I must speak of these subjects may render my opinions liable to misapprehension, and because I do not feel competent to its proper performance. Yet, by this means, I think I shall do away the objection of one of my medical friends; for I believe that I am myself more likely to err in recommending the too free than the too sparing administration of mercury in diseases of this nature. Any surgeon who has observed the ruinous consequences of repeated mercurial courses in some constitutions would probably err in the same manner; and his

dislike to disorder the constitution by mercury would probably lead him even to use it more freely than might be absolutely necessary: this he would do in cases clearly syphilitic, in order to prevent the possibility of the recurrence of disease, and a repetition of a mercurial course. In doubtful cases, which are cured by exciting the mercurial action in the constitution, he would adopt a similar mode of treatment, in order to suppress the disease for so long a time as to make it less likely to recur; or if any subsequent disease should take place, to render it highly probable that this was not syphilitic, since it had broken out after such a course of mercury as must be considered to be adequate to the cure of almost any disease of that nature. By undertaking this task I shall perhaps comply with the wishes of my other friends, in stating more explicitly the circumstances which should induce a surgeon immediately to use or abstain from the administration of mercury, and, at the same time, contribute my mite of observation to those already offered on this still obscure subject of venereal diseases.

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The most clearly marked syphilitic chancre has been excellently described by Mr. Hunter. The striking characters of the disease are, an ulcerating inflammation without any reparation, attended with induration of the surrounding parts. The description is, a sore of a somewhat circular form, excavated, without granulations, with matter adhering to the surface, and with a thickened base and edge.

There is another species of chancre in which the disposition to ulcerate is less than usual, and the disposition to indurate is greater; so that the ulcerated surface may heal, and leave an indurated knob or tubercle in the affected part.

There are besides some chancres in which the diseased action seems to be very inert; in these the ulcer is superficial, the thickening of the surrounding parts slight, and, after some time, the ulcerated surface acquires a state of health, and cicatrizes, without producing any perceptible granulations. I conclude that the truly syphilitic chancre sometimes assumes

sumes the appearances just described, because I have repeatedly considered the constitutional symptoms which succeeded to such sores as truly syphilitic, yet I may have been deceived, for reasons which I shall afterwards explain.

But it is impossible to depict by words the various sores, some of which are of a very irritable nature, that are produced by sexual intercourse, and through the medium of which the constitution becomes contaminated; neither is it possible to know from local circumstances whether they be syphilitic or otherwise. It is from their effects upon the constitution alone, that we can judge whether they were syphilitic or not. Many we know are not so, since they do not produce the constitutional effects of syphilis. The subject can alone be decided by future experience derived from watchful observation made by unbiassed men. Mr. Hunter thought that syphilitic poison might produce a sore which might be modified by the diseased propensities of the constitution and  
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the part, and thus lose its distinctive characters.

Influenced by this belief, he speaks but briefly on the subject of chancres. I have also seen cases of constitutional disease, which I considered as syphilis originating from primary sores which had not the usual character of syphilis: the more, however, that I see of the subject, the more I am inclined to doubt the correctness of my opinions on this point, and of this I am certain, that the greater number of the constitutional diseases originating from sores, which have not the syphilitic character, differ materially in their progress and mode of getting well from those which are the consequences of true syphilis, and that they require a proportionate peculiarity of treatment.

However, if, according to the opinion of Mr. Hunter, the action of a syphilitic chancre may be sometimes so modified by the diseased propensities of the constitution, or part, as to form an ulcer scarcely cognizable as a syphilitic

syphilitic one, it follows, as a general rule of conduct in practice, that surgeons are not to confide in their powers of discrimination, but in all cases of ulcers arising from impure intercourse, to act as if the sore was syphilitic, to give sufficient mercury slightly to affect the constitution, in order to guard against the consequences of absorption, and, by local and other general means, to cure as quickly as possible the local disease, and thus remove the source of contamination, and the necessity for the continuance of medicine. The quantity of mercury necessary for the cure of a syphilitic chancre will never, I believe, be found to be so considerable as materially to disturb the constitution. We may therefore, without hesitation, employ it in almost all cases of primary ulcers, and be guided as to its continuance or cessation, its increase or diminution, by the effects which it produces in the sore or constitution. Mercury in small doses inclines other sores to heal, as well as those which are syphilitic; it may therefore act beneficially when the disease is not syphilis, and by contributing to the healing of the sore remove the source of contamination.

tamination and the necessity for the continuance of medicine. It is surely an object of importance to get the local disease well as soon as possible, and topical applications often greatly contribute to this desirable event; yet they should not be of a very irritating nature, for such means frequently aggravate the disease, as may be seen in some of the cases which are related; nor should our applications be of an astringent nature, since by checking discharge, they incline the disease to become indurated, and it requires a longer continuance of mercury to remove a small induration than to heal a large sore. This observation applies equally to sores of a syphilitic nature and to others. Whilst there remains an induration, we can never be sure that it may not ulcerate again, upon leaving off the use of mercury, nor can we be assured that it may not contaminate the constitution. Indeed, in the syphilitic chancre, it seems best to use none but the simplest dressings; for when it heals by the effect of mercury on the constitution, we are assured of the adequateness of the quantity which is employed to the intended purpose, and we

have reason to believe, that the constitutional mercurial affection which has subverted the local actions of the disease, will have prevented its contamination by any matter that may have been imbibed from it. If then we may, for the reasons above stated, employ mercury without hesitation in primary infected sores, being governed with respect to the degree and duration of its use by its effects, we ought, as has been shewn in the preceding part of this chapter, to pursue the reverse conduct with respect to constitutional symptoms. Here we are required to hesitate, that we may learn the nature of the disease previous to attempting its cure. It has appeared to me, that a longer and more active operation of mercury on the system is necessary for the permanent cure of constitutional symptoms in true syphilis, than for that of the primary chancre. Here, if we use mercury unhesitatingly, we may employ it to an injurious degree, where it is not wanted, and we generally fail in preventing a recurrence of symptoms. These are, I believe, the general rules of practice adopted by the best surgeons, and they appear  
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to me, in the present state of our knowledge of these diseases, to be judicious. One advantage results from this plan of conduct; which is, that if constitutional symptoms follow from a sore treated in a manner that ought to have prevented contamination of the habit had the sore been syphilitic, our suspicions are excited, and by attentive observation we may perhaps discover that the symptoms are of another nature.

In cases of anomalous sores it may be enquired, if in those, where the event renders it probable that they were of a syphilitic nature, the disease deviates materially from its common characters, that of an ulcerative process without reparation, and extending in every direction. Do these sores enlarge by sloughing, or produce granulation or fungus? do they spread otherwise than nearly equally in their whole circumference? does the ulceration extend in them only in particular directions? do they heal in one part and spread in another? or do they suddenly amend and become worse without an adequate mercurial influence to produce such changes

Those infected sores which are not syphilitic have such peculiarities, as have been shewn in the first part of this paper, and as they are so very various, it becomes necessary to distinguish them from those which are syphilitic, by accurately noting the progress of anomalous cases of the latter disease. It is extremely difficult to form any correct opinions on this subject on account of its intricacy, and the almost impossibility of abstaining from the use of mercury; but it is a subject highly deserving enquiry, and which never can be fairly investigated till it be known that the secondary symptoms arising from sores may not be syphilitic, though their appearances cannot be distinguished from such diseases by sight alone.

With respect to sores that are not syphilitic the difficulties of investigation are greatly multiplied. If a description cannot be given of syphilitic sores, it seems almost absurd to say any thing of those multiform sores produced by infectious matter, the qualities of which, it is probable, may be variously modified,

and the effects of which appear equally liable to modification from peculiarities of constitution. Yet in this intricate subject there are certain facts which can be distinctly observed, and deserve attention. Some of these sores spread by ulceration, and some by sloughing, of which instances are related in the first section of this paper. Even Celsus has described several species of sores which, as Dr. Adams has observed, we are acquainted with in the present day. I have never seen that phagedænic ulcer, which suddenly sloughs, affect the constitution; neither do I believe that surgeons in general have remarked it; those who regard all these sores as syphilitic attribute the absence of secondary symptoms to the chancre having been removed by the sloughing of the surrounding parts. Yet in the case related by Mr. French in Mr. Hunter's Treatise on the Venereal Disease, secondary symptoms did occur from a sore of this kind, and got well without mercury. It may therefore, perhaps, be doubted whether this disease be not an aggravated form of the sore which sloughs more slowly, and from which the constitution

stitution is much more frequently affected. Though Dr. Adams has restricted the term Phagedæna to one kind of destructive sore, yet I feel more inclined to leave it as a generic term for all these destructive sores, and to divide them into species according to their peculiar characters. Then we may describe them as ulcerating phagedænic sores, and sores which spread by sloughing. Again, the ulcerating or sloughing process may extend not in all but in particular directions, and the sloughs may take place from the edges or from the whole surface. As Dr. Adams has treated these subjects at large, I refer the reader to his book; but I will take upon me to describe some species of sores which frequently occur, and are treated generally as syphilitic, but which I am convinced are not so.

The sores, in one species alluded to, generally break out in succession, and sometimes after considerable intervals of time; which circumstance, if remarked, would render it improbable that they arose from infection of the ulcerated part, since such sores would probably



be contemporary. The ulcer is at first inflamed, and spreads ordinarily to the size of the finger nail : its circumference is thickened ; it throws out new flesh, which rises above the surrounding skin ; sometimes there is an appearance of several little cells or spaces in the interstices of the granulations, if they may be called so, owing to the whole ulcer not producing new flesh in an equal degree. The edges of the sore generally retain their diseased state after the middle has become healthy ; from this cause, the healing of the sore is retarded. These sores are slow in healing under any mode of treatment, and they generally get well in the same succession as they broke out. They sometimes form in a circle round the orifice of the prepuce, and cause a contraction in that part after they have healed. I do not mean to say that all sores occupying this situation are not syphilitic, but merely to state, that sometimes after a gonorrhœa of the prepuce, either originally occurring there, or having happened by a metastasis of disease from the urethra, sores do break out in this situation at a remote period from the reception  
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of the infection, which are not syphilitic. The fores which I am endeavouring to describe, seem to be the consequence of an irritated state of the prepuce, from which there is sometimes a slight general discharge, like that which takes place when the gonorrhœa shifts its situation from the mouth of the urethra, and becomes the gonorrhœa of the prepuce. The glands in the groin sometimes swell from irritation in these cases, and generally subside again, though I have known them suppurate: but I never saw any secondary symptoms succeed to this species of ulcer.

In the earlier part of my practice, in conformity to general rules, I used to give mercury in these ulcers to secure the constitution against infection, whilst I tried to heal the fores as speedily as I could by topical applications. Slightly destroying the surface with the *argentum nitratum* every second day, and dressing with the solution of *zincum vitriolatum*, were the local means which seemed to be most successful. An attention to the history of the disease, and frequent applications for advice from persons who had been se-

verely and unavailingly solivated for the cure of this species of sore, soon emboldened me to abstain from the use of mercury, and I have never found, though I have met with a considerable number of instances, that I have in this respect acted wrong.

I shall mention the circumstances of a case which occurred to me no long time ago. A gentleman had a slight irritation in the urethra, and after a few days, found the prepuce a little swollen, with a small discharge from beneath it. This was checked by a weak solution of zincum vitriolatum; and afterwards three sores, such as I have described, broke out in succession, for which he used mercury so as to affect his mouth. The sores slowly healed, but two new ones made their appearance, and the mercurial course was persevered in. These sores also healed slowly, and a running came on from the urethra, no new sores having appeared. The mercury was left off, the gentleman came to town, and was much distressed to find that three other sores, exactly like

like the former ones, now broke out, but the discharge from the urethra had ceased. At this period he applied to me, and gave me the foregoing narrative of his disorder, with an assurance that he had exposed himself to no new risk of infection. I employed only local means for their cure, being satisfied by the history as well as the appearance of the sores that they were not syphilitic. Near a month elapsed before any considerable amendment took place, when a swelling appeared in the groin, and the sores healed suddenly in a few days. Leaches and Goulard's wash were employed to disperse the bubo, but in vain: it suppurated, and formed a very unhealthy abscess. There was a great deal of surrounding erysipelatous inflammation, the cuticle separated from the surface of the bubo, the skin became livid, and gave discharge to the matter by a partly sloughing and partly ulcerating process. This, however, proved the crisis of the complaint: the abscess having thus broken filled up, and healed in the course of about three weeks, since which the patient has had no return of



disease. This gentleman was liable to have fores break out spontaneously on the prepuce: they got well readily by bathing them with a weak solution of *zincum vitriolatum*; and I believe that persons who have naturally an irritable state of the prepuce are most obnoxious to such affections. We must not, however, impute the occurrence of these peculiar fores to mere irritability, but to some specific contagion.

The discharge from the urethra in such cases is not considerable, nor attended with much inflammation or *chordee*, nor does it increase in violence; it may therefore be easily distinguished from common *gonorrhæa* and its varieties.

Sometimes, in a common *gonorrhæa*, the disease shifts its ground and attacks the foreskin, and fores form about the orifice of this part. These are of a different nature from the fores which I have been describing: their surface is generally glossy, not producing exuberant new flesh, and their colour is unhealthy.

healthy. They generally get well as the disease returns to its original situation in the urethra. I merely mention these circumstances to induce attention, and to prevent surgeons from confounding the sores which I have been describing with any other similarly situated, but different in their nature.

I wish also to excite attention to another species of sores which I have frequently met with, and which differ considerably in their progress from those truly syphilitic. The first appearances of the sores are various, but in their progress a thickening in the surrounding parts takes place, whilst the centre is soft and less diseased than the circumference. I have seen the surrounding parts much elevated, and an opening leading into a cavity in the middle. I have seen them, on the contrary, heal with a flat surface and acquire a circular hardness, the middle being quite soft, and the area of the circle gradually increase. I have known sores heal apparently well and smoothly, and afterwards the edge has acquired a circular hardness like a ring of some firm substance.

In

In all these sores I have given mercury in doses short of producing a tenderness of the gums, and the disease has gradually but slowly got well. In the greater number of cases no constitutional affection has ensued. In some, however, it has, but it has got well without mercury, or with such small doses as would certainly not have cured syphilis. So that these observations concur with the history of the disease, in inducing me to believe that sores of this description are not syphilitic.

Under this head of sores which occur on the genitals, and which are not syphilitic, I may mention one species that I have several times seen on the side of the penis, which is herpetic, affecting new parts whilst those first affected get well; so that the sore may exist a long time, and be very troublesome, though its situations may have varied considerably.

I have also seen a circle of small sores, like what takes place in tinea, occur on the outside of the prepuce in consequence of some acrimonious secretions being applied to it in

sexual intercourse. Some diseases, whatever may be their primary nature, do, after a time, extend themselves between the integuments and the subjacent parts. I have known many diseases which burrow in this manner treated as syphilitic, and, as the event of the cases has proved, improperly. Indeed, the progress of such diseases is so different from that of syphilis, that it is natural to discredit their being so. Diseases which proceed in this manner seem to be of an irritable nature, and to affect most those parts which have least powers of life, which appears to be the cause of their peculiar mode of extending themselves.

To corroborate this remark, that sores which burrow are not likely to be syphilitic, I may mention the case of a gentleman of the medical profession, who had a sore of this description, which began on the dorsum penis, near to the pubes, for which he rubbed in two months, and had his constitution considerably affected; nevertheless, the sore spread and burrowed under the integuments of the pubes, and the mercury was left off.

The



The disease became communicated to a considerable district of the integuments of the bottom of the belly, and to those of the scrotum. The affected parts sometimes ulcerated, and sometimes healed. A great variety of local and general remedies were tried without benefit. No mercury was used except in very trivial quantity. The cavities beneath the skin were in some parts laid open, at different periods of the disease; but without much advantage. After two years and a half the disease became well, when nothing but simple dressings were applied, and when he took nothing but decoction of sarsaparilla and small doses of rhubarb.

I have in the foregoing pages endeavoured to represent briefly the circumstances of the primary ulcers of diseases which are, and of those which are not, syphilitic, and to state the general rules for the administration of mercury; and, at the same time, I have described some sores which have not, as far as I know, been distinguished, and which, in my opinion, are not syphilitic, though they are generally treated as such. To take a similar  
compa-

comparative view of constitutional diseases arising from these various sores would render this paper too prolix. I hope it will be seen that I do not presume, nor do I see cause, to deviate from the established rules of practice founded on the general experience of surgeons. It would indeed, in my opinion, be presumptuous in an individual to form general rules drawn from his scanty experience; I may be allowed, however, to remark, that individuals of the profession are likely to err by inferences drawn from their own practice; and it appears to me that some professional men at present are inclined to believe all sores arising from impure connexion to be syphilitic, whilst others may be too scrupulous in expecting all syphilitic sores to possess their common characters. The truth probably in this, as in other cases, lies between the extremes. Much, however, it must be acknowledged, remains to be ascertained, and I think that those surgeons would do essential service to science, who would give an accurate account of the irregularities of the venereal disease. But such an account never can be given by one, who esteems

esteems all diseases syphilitic, which resemble them in appearance. The foregoing cases will, I think, at least prove this to be fact; and it was a principal incitement to their publication, that if this fact were generally admitted, it might excite that scrupulous attention and impartial observation of syphilitic diseases, which would probably lead to accurate distinctions, and the removal of that obscurity with which they have hitherto been surrounded. I have suppressed many observations of my own on this subject, from a belief that it is better to say nothing than to offer opinions not fully confirmed by facts. The idea that syphilis is a most variable and Proteus-like disease, has probably arisen from those irregular diseases which I have described in the first section of this paper having been confounded with it. The opinion is however prejudicial, as it checks attentive observation by declaring its inutility. If it should be in our power, as I should hope it may, by directing our attention to the history rather than to the appearances of these diseases, to distinguish syphilis from other complaints, then we may  
also

also be able to describe the irregularities of this disease, and to inform others when it assumes deceptive characters, and pursues an unusual track, what disguise it puts on, and what courses it follows.



## SECTION III.

*On the constitutional Origin of Pseudo-Syphilitic Diseases.*

IN order further to elucidate the nature of pseudo-syphilitic diseases, I published some cases in which they originated spontaneously, or without there being any reasonable ground for supposing that morbid animal matter had been imbibed to contaminate the constitution. The cases included in this section were first published, amongst others which were designed to shew the importance of correcting disorders of the digestive organs in attempting to cure local diseases. A disorder of those organs constantly exists in these cases; and produces, or at least aggravates and protracts a state of weakness and irritability of constitution; to which the origin of the disease must undoubtedly be referred.

## CASE XII.

A gentleman residing in the country, who had been many years married, and whose  
moral

moral character prevented any suspicion of his having exposed himself to venereal infection, had an ulcer in the right tonsil, possessing every character of a truly syphilitic sore. The figure of the ulceration was oval; it had extended itself deeply, and presented a surface covered with adhering matter, and without the least appearance of granulations. It had continued three months without amendment, although various medicines had been employed during that period. These circumstances impressed the minds of the medical attendants with an opinion, that the disease was syphilitic. On me they had a contrary effect. I thought that a syphilitic ulcer would have become materially worse in that time, as mercury had not been used to arrest its progress. Finding that the patient had a furred tongue, and disorder of the digestive organs, I recommended, as the first object of attention, the correction of that derangement of the stomach, from which the fore-throat had probably originated. The patient went to the sea-side, where his throat was alternately better and worse; but the dimensions of the ulcer were not enlarged. Three months

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elapsed before I saw the patient a second time ; when I told him that my argument against the complaint being syphilitic was greatly strengthened. It was manifest that the disorder, to which I had imputed the fore, still existed. Being unwilling however that the responsibility should rest entirely upon myself, I advised him to consult another surgeon, who, judging of the nature of the fore from its appearance, (which indeed was strikingly characteristical of syphilitic disease,) recommended a course of mercury. The patient underwent, in consequence of this advice, a regular mercurial course ; during which the fore got well. Between two and three months afterwards another fore formed in the palate, which had the characters of a syphilitic ulcer, in a still more striking degree, if possible, than the former. It was situated just where the soft palate proceeds from the bone. It was of a circular figure, and so deep as to expose the bone. The circumference of the ulcer was tumid and inflamed ; its edges were not smooth, but had a tendency to ulcerate. There was no appearance of granulations, and the discharge

charge adhered to the surface of the ulcer. The patient now applied to me again ; when I repeated my original opinion, that these sores depended on the state of the health in general. He consulted another surgeon, who recommended the use of the Lisbon Diet-Drink, with the application of the oxymel æruginis to the part ; under which treatment the ulcer healed ; and no other complaint has since occurred, though two years have elapsed.

## CASE XIII.

A gentleman, who was habitually subject in a great degree to disorder of the digestive organs, had an excoriation of the prepuce, which had continued about three weeks, when copper-coloured eruptions came out all over his body, so strikingly similar to those which are venereal, that some of his medical attendants recommended the immediate use of mercury. It was however agreed to delay the mercurial course for a little time ; and to give the patient half a grain of calomel, with three grains of hemlock night and morning, and a solution of magnesia vitriolata



in mint-water, so as to keep the bowels freely open. The spots began to die away almost immediately, and soon disappeared altogether. The patient then mentioned that he had several times had the same kind of eruption, which had disappeared in like manner upon taking some opening medicines.

In calling the reader's attention to those diseases of the bones which resemble syphilitic affections, I shall not pretend to relate any case in detail; for surgeons can seldom trace the progress of these diseases for themselves, but are obliged to rely on the doubtful history given by their patients. I shall endeavour to sketch the principal parts of the subject, referring to particular cases, merely to shew that the picture is not drawn from fancy, but is copied from nature.

I have been frequently consulted on account of supposed venereal affections of the bones; where the periosteum has been thickened and tender, and the bone enlarged, and the concomitant pains have been so much aggravated at night as to deprive the patient of rest. The history

history of the case has removed all suspicion of a venereal origin ; while general indisposition, a furred tongue, loss of appetite, and other attendant symptoms, have clearly indicated great disorder of the chylopoietic viscera. By attending to the state of the digestive organs in these cases, the patient's health is amended ; the general rheumatic pains are diminished ; sleep is procured ; and the disease has receded almost entirely. After some time has elapsed, the bone may again swell, the swelling may again be checked, and return no more. Perhaps similar diseases may take place in other bones, at times very remote from the first occurrence of the disorder. If mercury be not employed, there are decisive circumstances in the history of the case, which proves that it is not syphilitic. Sometimes suppuration takes place, and exposes the bone : this occasionally proves a kind of crisis to the disease at that part. But the circumstances of these affections are so variable as to preclude a complete enumeration of their symptoms.

I shall briefly mention the cases of two patients,

tients, by whom I was consulted about the same time, in order to identify the diseases to which I allude. Both these gentlemen had been married for many years; and there was not the least reason to suppose that any morbid poison had been imbibed. They became generally indisposed, had restless nights, pain in the head, and about the shoulders; and a painful thickening of the periosteum of the tibia, with enlargement of the bone, took place. The chylopoietic viscera were disordered in both these cases. One gentleman had used mercury repeatedly to a considerable extent, which produced a temporary alleviation of his disease; but his sufferings seemed to be augmented upon the cessation of the mercurial excitement. The other patient never used any mercury. They both experienced a considerable mitigation of pain from those medicines, which corrected the state of the chylopoietic organs. Their diseases were checked, and never became again so bad as before attention had been paid to the state of the viscera. Both these patients were better or worse as the state of the bowels varied;

ried; and they both gradually, but slowly, recovered.

Similar diseases are so common, that I believe every surgeon of experience will admit that affections of the bones, with wandering pains, often occur from general disorder of the health. I have never seen these cases unaccompanied by disorder of the chylopoietic organs; and I have always found them most benefited by whatever has tended to rectify the functions of these organs.

There was no reason, in any of the cases alluded to, to suspect the absorption of poison. I will add another, to corroborate this statement. A gentleman, who had been married about eight years, and had no venereal disease during that period, was seized with a violent fever. Shortly after his recovery, a thickening of the periosteum on the parietal bone took place. The scalp was also much swollen, so as to threaten suppuration. He was at this time in ill health, and had great derangement of the digestive organs. By attention to this latter disorder, the swelling subsided, and no



trace of it remained. The patient afterwards went into the country, where his health was still more amended. In about twelve months he had several tumours of the same kind in different parts of the cranium; one alone threatened to suppurate: for these he underwent a mercurial course, which relieved them, so as to induce him to persevere in it to an extent, which almost constantly cures venereal disease. His health, during the latter part of the mercurial course, being much disordered by the medicine, his diseases became proportionally aggravated; he therefore desisted from the use of mercury; at which time his complaints were but little better than at their commencement. These diseases, however, gradually got well in the space of little more than a year; still the patient continued in a bad state of health, the symptoms of which were a furred tongue, indigestion, and faulty biliary secretion.

I add another case, which came under the observation of Dr. Baillie. A student of medicine, who attended the lectures in Windmill-street, was, observed to look very much out of health

health ; and, on enquiry, it was found that he had nodes upon his shins, which so exactly resembled those that are venereal, that no doubt was entertained of their being of that nature. It was therefore earnestly recommended to him not to delay the mercurial course, which seemed requisite for the cure. He was very reluctant to comply with this advice, and declared upon his honour that he had similar swellings before he had had any sexual connection. This declaration made this proposal to be laid aside ; and the nodes got well by a strong decoction of sarsaparilla. without a single grain of mercury being employed. Now, if this account be accurate, it shews that diseases like syphilis can arise from disorder of the health, even without any sexual intercourse.

All surgeons of experience will, I believe, admit that diseases resembling syphilis occur from disorder of the health in general. In all the cases which I have instanced, there was not the least reason to suppose that any morbid poison had been imbibed to produce the diseases which existed. I wish much to have  
this

this point ascertained or refuted by the general experience of surgeons. The cases, which would tend to establish it, must be of rare occurrence. Most of the instances, to which I have alluded, occurred in men who had been long married, and on whose veracity I could rely. There is also, in my opinion, sufficient intrinsic evidence in each case to prove that the disease was not venereal. It was this kind of cases which I had in view in my last publication, in discussing the question whether those diseases, which may be denominated pseudo-syphilitic, arise from some modification of the venereal poison, or from a peculiarity of constitution in the patients, who are exposed to the action of truly syphilitic virus. I have there said, that "it deserves to be observed that diseases resembling syphilis do occur, without any reason to suppose that any morbid poison has been admitted into the system." I have been induced to dwell upon this subject, which may perhaps be considered more speculative than useful, because if the opinion were verified, it would explain the occurrence of pseudo-syphilitic diseases in a very striking and satisfactory manner. If local diseases

diseases resembling syphilis may take place in the throat, skin, and bones, from a certain state of weakness, and irritability of constitution, then various modifications of animal matter being absorbed may so disorder the general health as to induce such a state of weakness and irritation, as is likely to produce those symptoms, and such symptoms are rather to be regarded as arising from the propensities of the constitution, than from the peculiar properties of the matter which has been imbibed. It is shewn in my former publication, that the poison which produces pseudo-syphilitic symptoms is sometimes absorbed without an evident breach of surface in the skin; sometimes from a trivial sore which soon heals; whilst, in other cases, it produces local sores of various and dissimilar characters.



## SECTION IV.

*On the Effects of Mercury in Pseudo-Syphilitic Diseases.*

HAVING thus by the publication of the cases related in the two preceding sections, endeavoured to excite a general investigation of a subject which I think every one will admit to be highly important, I proceed to relate some additional cases of diseases which I consider as pseudo-syphilitic, and in which mercury was employed for their cure, in order to shew the effects resulting from its use. I was necessarily precluded from bringing forward such cases in my first attempt to elucidate this subject, because my object at that time was merely to shew, that diseases, which could not by sight be distinguished from syphilis, yet differed from it in the primary sores from which they originated, and also in their progress; for they got well without the administration of mercury, and generally recurred after the severest course of that medicine. The latter

ter fact will, indeed, be more strikingly manifested by the succeeding cases. I was also prevented from relating cases of this description, because the administration of mercury may be supposed to render the nature of the subsequent symptoms ambiguous; since they may be considered as the effect of that disorder of the constitution, which the poison and the antidote have conjointly produced.

As the tide of public opinion seemed at that time to run strongly against me, I mentioned, that any experienced surgeon, who regarded the cases in question as anomalous cases of syphilis, would do a most essential service to society, if he would lay down practical rules for the treatment of such diseases. As no one has undertaken this task, I shall endeavour to accomplish it; for I think, that the cases which I shall relate will at least shew what mercury will do, and what it will not do, in these diseases. An attempt to establish rules for the treatment of these diseases appears to me of great importance; because discordance of opinion is both dis-

creditable to the profession, and injurious to patients.

Before, however, I relate the facts from which I mean to deduce the practical rules of treating these diseases, I wish briefly to recapitulate the reasons which induce me to think that they are not syphilitic; and also to advert to the arguments which I have heard brought forward, by those who entertain a contrary opinion. I wish, also, to consider the effects likely to be produced on the constitution at large, by the absorption of morbid animal poisons; and to discuss the probable effects of mercury, administered in different degrees; because I think it necessary, that all these circumstances should be borne in mind, whilst the reader peruses the cases, in order that he may form a proper judgment of the nature and treatment of these perplexing diseases.

I concur, then, with Mr. Hunter in opinion, that these diseases are the effects of kinds of animal poison different from that  
which

which produces syphilis, first, because they may be contracted from parties who have no syphilitic disease; and that I perceive how they may be contracted at present, as they were in Rome, during the time of Celsus \*. Secondly, because I see such diseases occurring in persons whose constitution is disordered, but where there is no reason to suppose that any poison has been imbibed †. Thirdly, because these diseases differ from syphilis, in often getting well without mercury, and in recurring after the severest courses of that medicine ‡. Yet I wish, as a comment on the latter clause, to observe, that though it may be regarded as a general rule, it is not absolutely without exceptions. We have sometimes recourse to the use of mercury, on account of the destructive progress of diseases, which we have the strongest reasons to believe, are not syphilitic; and mercury sometimes cures these diseases, without relapse. It is indeed not improbable,

\* See the cases related in the preliminary remarks.

† See the cases related in the 3d section.

‡ See the cases related in the 2d section.

that



that the alteration, which mercury produces in the state of the constitution, may occasionally cure a disorder which is not syphilitic. Formerly, when I met with a case in which the constitutional symptoms were regularly progressive till mercury was employed; if they yielded, and were cured by an adequate course of this medicine, I concluded that the disease was syphilitic, and I regarded, therefore, any deviations which I might have observed in the progress of the primary sore, as the effect of some peculiarity in the patient's constitution. Of late, however, I have thought this inference to be erroneous.

I shall next advert to the arguments of those who think differently. First, it is said, that the spontaneous cure of these diseases is no proof that they are not syphilitic. Secondly, the peculiarity of the disease is accounted for by peculiarity of the patient's constitution, which may not only contribute to modify the disease, but also to prevent its ordinary cure by mercury; because the constitution may be incapable of bearing at  
once

once, so much mercury, as is necessary for its cure. Cases, however, stand in direct opposition to these opinions. For these diseases may be contracted by persons of very healthy constitutions; and I have known patients, who have contracted pseudo-syphilitic diseases, contract also real syphilis, both a short time before and after the pseudo-syphilitic affection. Further, in many persons, who are the subjects of pseudo-syphilitic diseases, the disease recurs, without the intervention of any new exciting cause, even though a mercurial course has been submitted to, greater in degree and longer in duration than is necessary for the cure of true syphilis, even though the mercury has also acted on the patient's constitution, in the most regular and complete manner. It is indeed, highly probable, and accordant to general observation, that these diseases will be greater and more obstinate in weak and irritable constitutions, than in those that are healthy, and this circumstance has probably given rise to the preceding suppositions.

I wish also to consider the probable effects which would be produced on the constitution from the admission of morbid animal matter into the circulation. Such infectious matter is likely to produce irritability or weakness of the nervous system, and consequent general disorder. The nervous disorder is likely, more especially, to disturb the functions of the digestive organs, and by their re-action to become prolonged and aggravated. In almost every case of pseudo-syphilis a disorder of the digestive organs is manifest, and in many, most evident benefit is derived from correcting this, as far as we are able.

It is probable, that the disorder of the nervous system, and constitution in general, will be more transient in some constitutions than in others; and is likely to be prolonged by every thing that induces debility, and irritability. Indeed, if we have no specific remedy, or means of counteracting the effects which the poison has produced; the rational indications of treatment would be to tranquillize and strengthen the system,  
in

in the expectation, that the effects resulting from the action of the poison, will gradually subside. Analogy would lead us to expect, that the disorder of the nervous system, induced by the operation of the poison, would, as it declined, become intermittent, and recur in paroxysms. I have premised these observations, that the reader may bear them in his mind, during the perusal of the cases, assuring him at the same time, that they are the result of practical remarks.

I wish, also, to explain my ideas respecting the operation of mercury. First, small doses of that medicine do not seem to affect the constitution in general, but merely to act upon the digestive organs; yet, by this operation they are often productive of the most important benefit, as has been shewn by cases recorded in the first volume of these observations. As in diseases produced by the absorption of morbid poisons, the digestive organs are disordered, in consequence of nervous irritation, and in some patients, in a most remarkable degree, owing probably



to a pre-disposition to disorder in them, so an attention to keep these organs in as correctly natural a state as possible, is an object of primary importance. Secondly, mercury exhibited in larger doses, exerts an influence on the constitution in general, though scarcely perceptible by its effect upon the pulse or secretions ; but by affecting the nervous system, in a peculiar manner, and by inducing a specific state of constitution, it counteracts that morbid irritation which has before prevailed, and is the effect of the poison. Thus mercury relieves many other disorders, as well as those which are syphilitic. The dose which is necessary to produce such effects, must vary in different persons. Such a state of mercurial excitement, or action, as is necessary to produce these effects, may also be kept up without inducing debility ; — on the contrary, patients frequently become stronger and more healthy under its influence, because it controls the irritation attendant on disease. Thirdly, a greater mercurial effect upon the constitution produces an acceleration of the pulse, renders the constitution in general irritable

irritable and weak, and produces a more evident and considerable disorder of particular organs. Such an affection cures completely and radically syphilitic diseases; whilst others, which had been checked and cured by a slight mercurial affection, often increase and break out again, under that which is greater in degree. This violent action of mercury never fails to weaken and disorder the constitution in general; and thus, with its powers impaired, and its functions deranged, it has still to endure the continuance of the disease.

The cases, which I shall now bring forward, are selected, because I think they shew as great a variety of circumstances incidental to these diseases, as could be displayed in an equal number of examples. I could have crowded the book with instances, tending more directly to illustrate and confirm the opinions delivered in it. My object has, however, been, not to represent the subject as more clear than it will appear in practice.

## CASE XIV.

A medical student, had, without any previous chancre, an indolent bubo, which had increased in the course of two months, to the size of a small egg, at which time I first saw him. After about three weeks, it inflamed and suppurated. The inflammation was of an unhealthy nature, and the bubo ulcerated, forming a foul ulcer, about three inches and a half in length, and two and a half in breadth. During this process, he was much disordered in his health, and he confined himself to his bed. Lint, moistened with a watery solution of opium, was applied to the fore; it was covered by a dressing of spermaceti cerate, and linen moistened in some wash was applied over all, to regulate the temperature of the part. Under this treatment the fore granulated, cicatrized, and had contracted into a small compass, when the patient's health again became disordered, and an ulcer formed, on the upper surface of the velum pendulum palati. He snuffled in speaking, and blew from one nostril thick mucus, some matter, and occasionally blood. Pain extended in the  
course

course of the eustachian trumpet towards the ear.

His disorder was so troublesome at night as to preclude sleep, and his situation was altogether so uncomfortable as to induce him to have recourse to mercury. He accordingly rubbed in two drachms of mercurial ointment, for ten successive nights. In this time the mercury produced a slight effect upon the gums, and relieved him so much, that he determined, notwithstanding my remonstrances, to discontinue it, feeling himself perfectly well. In about six weeks subsequent to this, he had a painful affection of the upper part of the tibia, attended with a collection of fluid under the fascia. He was feverish at night, and had but little sleep; his stomach and bowels were, during the whole of the disorder, affected in the manner I have described in the first paper; he had no appetite, and when he was most indisposed, his tongue was extremely furred. He again used mercury, but after having rubbed in about six times he discontinued it, as he found himself worse, which he attributed to the use of the mer-



cury. The disorder of his leg did not increase, but after some little time diminished; still, however, it prevented him from walking about, and he had occasionally fits of pain in it, which, after continuing for a few days, abated, so as to leave him comparatively easy. Thus his leg continued, from about February to June, when he took lodgings in the country. He had, about a month after the affection of his leg, a similar attack in the elbow, the progress of which was also similar. His health was improved by his residence in the country, and he was soon able to walk about, which contributed to his recovery. He for a few days, took a little hydrarg: muriat: in decoct: farfæ, but left it off by my desire, as I was convinced that his disease was not syphilis; and as the symptoms were declining spontaneously. He was once or twice induced to besmear the skin with mercurial ointment; but excepting this, he used no mercury, and by the autumn of the year, all local disease had left him. His health, however, was not correctly right, his tongue remaining furred; and his bowels irregular. He passed

through the winter without any relapse. In about a year afterwards he had some rheumatic complaints, from which he soon recovered, and has continued well since, except that he has been subject to occasional returns of rheumatism\*.

## CASE XV.

A gentleman about thirty years of age, of a healthy robust habit, had a sore behind the corona glandis, which I saw on the third or fourth day after its appearance. It was then nearly as large as the nail of the finger, and so deep as to descend to the ligamentous substance of the corpus cavernosum penis. It was indurated in its circum-

\* The chief circumstances, which seem to me to deserve attention in this case, are, that probably infectious matter was absorbed, without any evident breach of surface or primary sore; that the constitutional symptoms were at first suddenly cured by a small quantity of mercury; that afterwards the use of mercury rather aggravated them, in consequence of which it was discontinued; that the disorder of the constitution afterwards gradually subsided; and that the whole of the mercury employed seems quite insufficient for the cure of syphilis.

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ference, and there was no appearance of any new growth from its surface. This ulcer appeared to me to have been too rapid in its progress to be syphilitic; however, as it had most of the characters of sores of that nature, I recommended the patient to take fifteen grains of the pilul: hydrargyr. daily, to bathe with milk and water, to be very gentle in the application of mild dressings, and to keep the penis surrounded by some linen, moistened with a cooling lotion. After a fortnight had elapsed, an enlargement of the glands in the right groin took place; and as the sore had not spread, I recommended him to rub two drachms, by measure, of mercurial ointment, into the right thigh every night, wishing to produce an evident mercurial affection of the constitution, with a view to discover what effect it would have on the sore. In about a week, the constitution was affected by the mercury, and the gums were slightly tender and swollen; the sore was, however, rendered worse; it became enlarged, and inflammation took place round it. The inunction was therefore omitted, but the pills were continued. As the

the mercurial irritation subsided, the sore became tranquil, and the bubo stationary. In about five or six weeks from the beginning, granulations appeared, and the sore began to heal, so that by the seventh week it was quite well. In healing, that edge which was next the body got well first, while the other rather spread, so as to encroach a little on the back edge of the corona glandis. The bubo gradually subsided. When the sore was healed, (the patient still continuing the mercurial pills,) he was seized with difficulty of swallowing, and uneasy sensations on the upper part of the soft palate, causing him to snuffle in speaking, and to blow his nose frequently. I advised him to desist wholly from the use of mercury, that these constitutional symptoms might go on unchecked by that medicine, observing at the same time, that if they were syphilitic, and required the use of mercury, it might be used with more freedom, and perhaps effect, in consequence of this suspension. The disorder rapidly increased, and it was much worse in the night, when the sensations were so disturbing, that the patient could  
obtain



obtain no rest. The pain extended to the ear, and matter and blood were sometimes blown from the nose.

The health of the patient was much disordered; and, as he said that no course of mercury could harass and weaken him so much as the continuance of this disease, it was agreed in consultation, that he should begin a mercurial course, and that the disease should be treated as syphilitic. The patient confined himself to his chamber, and rubbed in two drachms, by measure, of mercurial ointment every night. In the course of a week the disease was much mitigated; in a fortnight, at which time the gums were swollen and tender, it was well. The mercury was continued (so as to keep the gums as sore as they could be, without producing that state of disease which would have obliged us to desist from the use of it) for three weeks more, when a new occurrence took place. The left tonsil became somewhat enlarged, and an ulcer was formed upon its surface. This, another surgeon who was consulted, attributed to mercurial irritation,

irritation, whilst I, on the contrary, felt assured that it was the effect of the disease breaking out anew under the full effect of mercury. As the course of mercury was deemed perfectly adequate to the cure of syphilis, it was now discontinued. The ulcer however continued to spread, nor did it cease till it had entirely destroyed the tonsil, when it healed. About three weeks afterwards, and six weeks after the disuse of mercury, a similar ulcer formed on the opposite tonsil, which pursued exactly the same course, and ended in the same manner. After about three weeks more an ulcer appeared to have formed upon the upper surface of the velum pendulum palati, in a situation corresponding to the first, but on the opposite side. It was attended with the same difficulty of deglutition, alteration in the voice, occasional discharge of pus and blood from the nose, and tormenting pain, extending to the eustachian trumpet. It seemed in vain to use mercury, and I felt great apprehension that this ulcer might destroy the soft palate. It fortunately happened otherwise; for (after continuing for  
about

about a fortnight to spread, so that its edge could be distinctly seen on the margin of the velum palati, and left side of the uvula), it healed, leaving no greater imperfection than what was produced by an adhesion of the left side of the uvula to the soft palate, which took place during the healing of the ulcer. After this complaint was well, various eruptions appeared on different parts of the body, many took place on the head, forming sores which were slow in healing, and many sores, which were formed in like manner on the trunk of the body, became herpetic, healing in one part and spreading in another. An inflammation and induration of the coverings of the lower part of the right tibia also took place, which subsided, so as to leave but little appearance of any disorder having existed. During these occurrences the patient took the decoct. *sarsæ.* and Lisbon diet-drink, nitric acid, *cicuta* and bitters, and was as attentive as possible to keep his bowels regular, which was difficult, as his digestive organs were throughout the whole of the complaint disordered. He had also lived a good deal in



the country, and made occasional excursions to the sea-side, and used the tepid salt-water bath. Upon his return from one of these, about six months after the discontinuance of mercury, he felt himself so perfectly well, that he indulged himself in dining with his friends, and undertook a journey into the country on business. The exertion attending this undertaking seemed to have operated in re-inducing disease, for he was soon laid up with a rheumatic affection of the right foot, and one of the testes became enlarged to a considerable degree, but it was indolent. Nodes also appeared on the middle of either tibia, which regularly increased. The enlargement of the testis subsided, when the other became affected in the same manner. For between two and three months after the patient's return to town he consulted various surgeons, who knew nothing of the history of his case, and they so uniformly concurred in affirming it to be syphilitic, that the patient was even anxious to use mercury again. As the nodes did not abate as the other symptoms had, and as they did not yield to the application of leeches, evaporating lo-

tions



tions, or bandages, I thought an alterative course of mercury at this period even advisable, to see if it would controll this local affection. The nodes were not like venereal nodes. They were elevated and bony, and there was a small quantity of fluid beneath the periosteum. I would have divided the periosteum at first, but I was restrained by the apprehension of the wounds becoming sores, and of exfoliation taking place and augmenting the patient's already distressful situation. He now rubbed in small quantities of mercurial ointment, without confining himself. This course was attended with manifest benefit; insomuch as to impress his mind with an opinion that a more liberal use of mercury would now cure him. In this opinion he was confirmed by some surgeons whom he had consulted, and he therefore resolved to stay at home, and rub in every night till his constitution was affected by mercury. By the accomplishment of this object, however, he was made materially worse. His pains were tormenting, the nodes inflamed, and threatened to ulcerate. The mercury was left off, and I divided the periosteum to the  
extent

extent of an inch and a half on the surface of one node, and let out some serum mixed with pus. The knife in passing down garted against different portions of bone, which were heaped up to a considerable height above the level of the tibia. The node was no longer painful. The wound healed, and pain occurred again in a slight degree and gradually increased. The same treatment was pursued with respect to the node on the other shin, and the consequences were the same. After the wounds had healed the pain gradually returned, and in about a month he found himself nearly in the same state as before his confinement. Under these circumstances he again began to take diet drink, with some mild mercurial pills, which never perceptibly affected his constitution, and under the use of which he became muscular and fat, and by this treatment the pains left him, and in the course of three months he was well\*.

## CASE

\* The principal circumstances worthy of remark in this case are, that the primary sore though resembling syphilis in many respects differed in others. It was aggravated by the free use of mercury, and it healed on one side

## CASE XVI.

A gentleman between twenty and thirty years of age, residing in the country, had an ulcer in the prepuce, which, to use the words of his surgeon, had more the appearance of excoriation than chancre ; it was succeeded by a bubo and ulcerated throat. For each of these diseases he used mercury so freely as to convince some of his medical attendants that the disease could not be syphilitic ; his surgeon said enough to cure twenty syphilitic patients. The ulcers in his

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whilst it spread on the other. The constitutional symptoms were speedily cured by a slight mercurial affection, but they broke out again under a severe course of mercury. Many constitutional symptoms got well without the use of mercury, and when at last it was employed again on account of the stubborn nature of the nodes, these diseases yielded to a slight, and were aggravated by a severe course of mercury. The disease lastly yielded to an alterative course of mercury, so slight as not manifestly to affect the constitution, and during which, the patient got muscular, fat, and healthy. The subject of this case was a remarkable healthy man, and had before contracted syphilitic diseases, which were regular in their progress and cure. Mercury also affected his constitution in the mode which is considered most desirable for the cure of syphilis.

throat



throat were sometimes better and sometimes worse, both during the continuance and after the cessation of the mercurial course. After about a year and a half from the commencement of the disease I first saw the patient, and informed his surgeon, that in my opinion pseudo-syphilitic diseases generally gave way to an alterative course of medicine, conjoined to decoction of sarsaparilla.

About nine months afterwards the patient came again to town; his throat was not ulcerated, but his nose was greatly diseased. Some affection of that part had taken place when I first saw him, which had encreased to such a degree, that he was almost constantly blowing from his nose tough mucus and pus, mixed with blood. The skin covering the the ossa nasi was also very red, so as to threaten the giving way of the arch of nose. He was much emaciated and feeble, and had a chlorotic appearance.

Under these circumstances, I desired him to drink a pint of decoction of sarsaparilla daily, to keep his bowels strictly regular, and to take



five grains of the pilul: hydrarg: every night, desiring to see him at the expiration of a week. After that time, when he called on me, he said he could perceive no difference whatever in his disease. Thinking that perhaps in another week the mercurial effect would be increased, so as to affect the constitution and controll the disease, I made no alteration in the quantity of the medicine; but when at the expiration of that time, I found the disease undiminished, I recommended him to take five grains of the pilul: hydrarg: night and morning. After the expiration of another week, when he called upon me, he said that the disease of his nose seemed gone, though when he blew it some purulent discharge still took place. The mercury had no effect upon his gums, and he looked more healthy and felt stronger than he had done before he began the mercurial course. Finding the disorder so completely subdued by this quantity of mercury, and wishing above all other considerations, that the patient should acquire some muscular strength and vigour of constitution, I advised to take but one pill daily for the future, and to observe whether the symptoms

toms subsided or increased under its use. In one week more there was no discharge from his nose, even when the air was forcibly driven through it. And after three weeks had elapsed, or at the end of six weeks, he had become so muscular, fat, and healthy looking, as to produce the greatest astonishment in all who had seen him before, and saw him after that short interval of time.

This surprising recovery must be ascribed to the youth and strength of his constitution relieved from disorder. I mention it particularly, to shew that the quantity of mercury that controlled the disease did not weaken the constitution. When the patient returned into the country, I recommended the continuance of the pills every other night for some time, to prevent any relapse; but I was informed that he soon left them off, and has since had no disorder \*.

#### CASE

\* When a disease resembling syphilis attacks the nostrils, we are almost compelled to use mercury, since we cannot see the character, extent, and progress of the ulcer; yet extensive experience demonstrates in a manner horrible to observe, how many such diseases pursue a most destructive course uncontrouled, nay, often aggravated

## CASE XVII.

A gentleman had a trivial sore upon the prepuce, and being engaged to marry in the course of a few months, he underwent what was considered as a more than adequate course of mercury, for the cure of the disease. After he had married, however, his throat ulcerated. His surgeon hesitated in pronouncing it to be syphilitic, and its progress contra-indicated that supposition, for one sore healed and another broke out, or ulceration again ensued in the same place. One of the testes afterwards became considerably enlarged without pain, and sores broke out upon the scrotum, which was much thickened, and in the perinæum. Six or more months passed during the progress of the disease to this state, when I was first consulted on the case. It was in the spring of the year, and we agreed

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vated by the most powerful effects of mercury. The cases above recited, I therefore deem worthy attention, as they shew that diseases resembling syphilis may occur in the nose as well as elsewhere; and that our practice should be regulated by the same principles in treating these, as in other symptoms of venereal diseases.

that



that he should spend the summer at the seaside. During this summer the sores on the scrotum healed, and it regained its natural state. The swelling of the testis subsided. His throat occasionally ulcerated and healed; but a kind of disease seemed to spread along the alveolar process from behind, for the teeth loosened and came out, and in some parts the gums ulcerated. This happened on the left side of the mouth, and it advanced as far forwards as the first small grinder, which still remained firm. In November he remarked, that whenever his stomach and bowels were disordered, his complaints were aggravated; and by the means which were suggested for regulating those organs, he passed through the winter without any increase of disorder. In the succeeding summer sores broke out again on the perinæum, and by the side of the rectum, which healed under dressings of red præcipitate ointment. He had also a slight enlargement of the testis, which soon got well. In the succeeding autumn the disease in the alveolar processes seemed to trouble him, and there was a slight discharge from the



nose. I had recommended him to abstain from the use of mercury, while his disorders were stationary ; but fearing that there might be an increase of disease in this part, I advised him to take the compound decoction of sarsaparilla and one of Plummer's pills night and morning. Under this treatment he soon recovered, without any perceptible effect of mercury on his constitution, and has remained well since.

Though I feel pretty confident, for the reasons stated in the preliminary observations, as well as those contained in the third section, that many diseases which resemble syphilis, do not originate from that poison, I am by no means equally certain, that none of the cases which I am now promiscuously relating, might not have arisen from that source. Such an assertion would be to deny the possibility of the effects of syphilitic poison being modified by the diseased propensities of the constitution. It would be also to affirm that there is only one kind of syphilitic chancre, and one kind of constitutional syphilitic disease, which is far from being

being my intention. I merely state, that when the primary sores differ materially from the ordinary characters and progress of syphilitic chancres, that they may fairly be suspected to be of a different nature; and that in general the constitutional symptoms will be found equally to deviate from the progress of syphilis, and consequently to require a different mode of treatment.

I proceed to relate some cases of this description, and to give an account of the constitutional symptoms subsequent to these kinds of sores, in a few cases, that the reader may judge of them for himself.

#### CASE XVIII.

##### *On burrowing Sores.*

A gentleman forty years of age, who had lived very freely, in the month of July 1806, contracted a sore between the prepuce and glans penis, near the frænum, which he believed to have originated from some acrimony in the secretions. This probably was the opinion of his surgeon, as he merely recommended cleanliness, and a poultice, until the spreading of the sore induced him to use mercury.

mercury. A considerable swelling of the prepuce was occasioned by the irritability of the fore, which continued to spread by ulceration forwards, so as to extend over the whole of the lower half of the glans, to within the eighth of an inch of the urethra, and backwards between the integuments and lower half of the body of the penis for more than half way to the scrotum. It did not prevent him from denuding the glans, and cleansing away the discharge in some degree, but the extent of the fore backwards could not be seen. It had continued to spread gradually for more than two months, although the mouth was affected by the use of a great deal of mercury. His constitution was much enfeebled, in a great measure owing to the mercury he had used. In this state he came to London, and consulted me. Fearing that the fore might continue to spread if the mercury was laid aside, I desired him to rub in every second night, so as still to keep his constitution under the influence of that medicine, while I endeavoured to correct the fore by local means. Various washes were tried, for instance, weak solu-  
tions



tions of sulphate of zinc, and nitrate of silver, calomel, and muriate of mercury in lime water. In less than a month the fore was nearly healed, except in that part which covered the urethra about half-way below the penis; and here the ulceration seemed kept up by the escape of some urine from the canal, and he had at this time a frequent propensity to void his urine. It appeared probable, that the urethra had not been in a sound state prior to his contracting this complaint, and that it had derived additional irritation from the proximity of the sore to the mouth of the canal, as well as from that part where its ulceration had occasioned an opening. At this time an indolent enlargement of the right testis took place, and so large a hydrocele was formed, that I was much inclined to puncture it, to relieve him from the inconvenience occasioned by its weight. The patient, however, was anxious to return into the country, where he was directed to continue the same mild mercurial course. In January, 1807, he returned to town, and during the interval, the hydrocele disappeared, though some enlargement of the testis still  
conti-



continued. The aperture of the urethra had inflamed and ulcerated, leaving an external sore. The other part of the penis which had been ulcerated, continued firmly healed. His health, however, was much disordered. He had a rheumatic swelling of the finger, and a node upon one shin, with rheumatic pains in various parts of his body. Finding constitutional symptoms apparently originating from a sore, for which from its commencement mercury had been used unremittingly, I advised him to discontinue rubbing in, and he went to Bath in pursuance of the recommendations of some of his friends. I previously, however, introduced a bougie, and found several strictures in the urethra, which had probably existed before he had contracted the other complaint. As a bougie of a moderate size passed through the urethra, I merely advised local warm bathing. During a month's residence at Bath, he suffered much from pains in the tibia, but the nodes had not increased during that period. An ulcer larger than the surface of a shilling, with thickened inflamed and spreading edges, deep in  
the

the middle, and without granulations, had formed near the outer angle of the orbit of the eye. Some sores of the same nature, but less in degree, took place also on the arms. Wishing to know if these symptoms were truly syphilitic, I determined to try if they would get well without mercury. A poultice of bread and water was applied to the sore on the face at night, and a dressing of simple cerate in the day. The edges of it were occasionally touched with argent. nitrat. to controul their fretful disposition, and under this treatment the ulcer healed. The patient was anxious to return into the country; and as I thought his health might be better than in town, he returned to his own house with an injunction not to use mercury if it could be avoided, and there his pains in a measure subsided. After some time, however, the nodes on the shin became more prominent, though less painful. The nostrils also became very much affected by the disease. He blew from them pus in a fluid form, and concrete lumps resembling (to his own words) "the internal parts of the nostrils, but this" he continues, "gradually  
went

went off, leaving the nostrils as clear as before. My general health now improved, and encouraged by this circumstance, I was induced to make a journey to London in the month of June, where I lived more freely than before and took fresh cold. Upon my return home, I had a recurrence of the pain and swelling in my shin bones, and the pain of the legs to so great a degree, that it was esteemed prudent to consult a physician, who recommended nitrous acid, two mercurial and an opiate pill at night. Milk diet was also recommended, which constituted my principal food. The acid was continued a fortnight, the pills about a month, but little relief from pain was experienced. The nodes gradually lessened, but the pains were unabated, and occupied my knees and ancles as well as shins; they continued during the night, and remitted in the morning." On the weather becoming very cold, he was recommended to pass the winter in some warmer place than the situation in which he resided. He came to town and consulted Dr. Baillie as well as me. He was advised to take the decoction of sarfa-



parilla, with a small quantity of hydrarg: muriat: and to controul the night pains with extract of henbane. This plan answered very well, and he returned into the country, where he said his stomach was so much nauseated by the medicine, that he was obliged to leave it off. He came to town again in the beginning of January, 1808, in a very emaciated and crippled state, owing to rheumatism. His nights were passed in great pain, and this terminated in profuse perspiration in the morning, so that he seldom rose till past noon on the following day. He was scarcely able to walk, and dreaded the least exposure to air, which considerably aggravated his pains. Some sores had again broken out upon his face, and one of the largest was situated on the front of the ear, extending over the tragus, the discharge from which generally filled the concha, and this obstruction together with the irritation, made him very deaf. I had often expressed to the patient my conviction that an alterative and undebilitating mercurial course would temporarily cure his disease, but wished to see him when that medicine was employed, that

I might



I might observe its effects. He now took a pint of decoction of sarsap: daily, and five grains of the pil: hydrarg: every night, and in about a fortnight he was so much recovered that he was able to ride out, which he did as often as the weather permitted. At the end of the third week, he went into the country, a short distance from town, to spend a week, from whence he rode at the expiration of that time, eighteen miles without stopping. His rheumatic pains had nearly left him, and the sores on his face were healed. In short the cessation of the disease was as striking and as rapid as in almost any case, that I had seen, but he was not restored to perfect health. Though comparatively muscular and strong, he did not acquire that strength which he had possessed prior to the occurrence of the disease, nor did he look healthy. He continued in town, taking the same medicine a fortnight longer, during which time he committed, in consequence of the liberty he had acquired, some little irregularities, such as sitting up late, and eating and drinking too much. The effect of this alterative course

course of mercury, which did not produce any evident mercurial action in the constitution, and under which the patient acquired a surprizing degree of strength and and apparent health, fully equalled and even surpassed my expectation. Inferring the probability of a relapse, and that half the dose of the medicine was not likely to be in any degree prejudicial to the constitution, I recommended him to return into the country, and to continue the same medicines, taking the mercurial pill every second night only. The patient, however, did not prosecute the plan laid down, and his health has continued greatly disordered ever since this period. He has been subject to various local diseases, but their nature was such, that I believe no unprejudiced person could consider them as syphilitic. He has had severe rheumatism, but it never produced a local attack on a bone, so as to resemble a syphilitic node. He has had gout to which he had formerly been subject.

He had a great degree of inflammation and induration of both his legs. He had violent

pain about the first joint of the great toe, and matter seemed to have formed beneath the periosteum, for, upon the abscess breaking, the bone was denuded. He has a redness, thickening, and tendency to ulceration, of the integuments of the *alæ nasi*.

The patient had formerly lived very freely, and the alteration in his ordinary modes of life, with the effect of mercury on his constitution when employed freely, at first, for the cure of the primary sore, seem conjointly to have produced this deplorable derangement of his constitution.

Under these circumstances, he sometimes took the compound calomel pill in the dose of one grain of calomel each night, and it generally appeared to be of service to him. Sometimes he took no mercury. His local diseases did not seem to be much affected either by the use of mercury in this degree, or by its discontinuance.

When once, without my knowledge, he took the compound calomel pill more freely,  
it

it evidently was injurious both to his health in general, and to his local diseases.

## CASE XIX.

A gentleman had a fore between the prepuce and corona glandis, which was treated as a syphilitic chancre. After a time it began to spread in the cellular substance, between the integuments and body of the penis towards the pubes. In proportion as the fore became worse, the quantity of the mercury administered for its cure was increased; so that he had gone through a very considerable course of mercury, which had made his mouth very sore, and had greatly impaired his strength. The sore, however, was not amended, but when I first saw him was extending itself still nearer to the pubes and more round the penis. I directed him to clean away the discharge by frequently injecting a warm decoction of poppy heads, and to keep a bread and water poultice round the penis. After some time the skin of the dorsum penis ulcerated, and gave an outlet to the discharge in this direction.

K 2



rection. The degree of disease which took place seemed to have been prejudicial to the front of the prepuce, for it became very œdematous, and the ulceration spread rapidly forwards so as to divide it, leaving the glans and body of the penis projecting above the separated and tumid sides of the prepuce. The fore gradually got well without any other medical treatment than what appeared necessary to regulate the actions of the bowels. He took indeed occasionally some decoction of sarsaparilla and some nitric acid. The patient had no subsequent constitutional disease.

Respecting these sores, which I have called burrowing sores, I may observe, that only a few of them begin to burrow in the first instance. It is generally an after process, and may be considered in the greater number of cases as the effect of a new action taking place in the fore. It is, however, so discordant to the progress of true syphilis, that I cannot believe it to be an effect of that disease. If we have any doubt we must look to the constitutional symptoms which succeed

ceed to them, and these we find to partake more of the nature of pseudo-syphilis than of true syphilis. Some burrowing sores do not so affect the constitution as to produce secondary diseases, whilst others do. I have recorded a specimen of each, and think it unnecessary to cite more; though I could bring forward a considerable number. The secondary symptoms in the first case were very obstinate, and those surgeons, who are inclined to believe all these diseases syphilitic, may probably think the symptoms in this instance were so. To me, however, it appears that the most potent mercurial course was inadequate to the cure of the primary symptoms, and would have been so to those of a secondary nature, while the latter were readily controulable by an alterative course, and in some instances got well spontaneously. It is also my opinion, that their continuance depended much upon the disordered state of the constitution produced by former irregularities of living, by the irritation of disease, and the debilitating effects of the too free use of mercury for the cure of the primary sore. I could produce many

K 3

instances

instances in which the secondary symptoms were more slight and more clearly pseudo-syphilitic, than in the one which has been related. The present case I brought forward, because it made a stronger impression on my mind, than those which were less vexatious, and because I do not wish to represent the subject of the secondary diseases in pseudo-syphilis, as less obstinate and severe than they will often be found to be.

#### CASE XX.

##### *On sloughing Sores.*

A gentleman about thirty years of age applied to me on account of a sloughing sore about the size of a shilling on the dorsum penis. I desired him to dress it with a watery solution of opium, covered with spermaceti cerate spread on linen, and to surround the penis with linen kept constantly wet with water. His bowels were obstinately costive, his tongue much furred, and he had so much fever and head-ache, that the use of mercury seemed to be prohibited by the disordered state of his constitution. The sore spread so  
as

as nearly to encircle the penis, and to occupy its whole length. Various dressings were employed until the surface of the fore was no longer sloughy, but the edges were thickened and very fretful. These were touched every day with argent: nitrat: which seemed to counteract their fretful state: they afterwards became healthy, and the fore healed in the space of two months from its commencement. Before the fore healed, symptoms of constitutional disorder appeared. The throat became sore, but did not ulcerate in any material degree. Spots came out on the skin and breast. He had afterwards a rheumatic affection of the knee and foot. All these symptoms disappeared successively without the use of mercury, to which medicine he had so strong an aversion, that it would have been difficult to persuade him to take it: he soon recovered from the effect of his disorder, and felt as well as before he had contracted it. The medicines which were taken in this case, were sarsaparilla, nitric acid, bark, and aperients. Secondary symptoms do not succeed to every sloughing fore, and these symptoms occasionally approach



more to the nature of syphilis than in the preceding case; yet I have known no instance in which, either from the irregularity of the progress of the symptoms, and their insusceptibility of cure by the powerful action of mercury, they could not be distinctly recognised as pseudo-syphilitic.

## CASE XXI.

A gentleman had a sloughing fore, which spread round the prepuce, without extending backwards to the integuments covering the body of the penis, yet its breadth was so considerable as to involve the whole of the prepuce, which it eventually destroyed. The surgeon who first saw the patient had given him mercury, but, doubting the propriety of its continuance, I was consulted, and immediately opposed its further use. Fumigations with cinnabar were found to be more efficacious than any other applications which were tried to this fore; these quickly arrested the sloughing process, but an ulcerative one continued till the prepuce was eaten away. After two months from the commencement

ment of the sore, when it was nearly healed, the constitution of the patient became much disturbed, and secondary symptoms appeared. These were spots and blotches of rather a livid aspect, the latter of which in many parts of the body spread out into extensive sores which had a sloughing appearance. One on the outside of one foot and ankle was as large as the palm of the hand. The original sore was also irritated by the disturbance of the constitution, and began to ulcerate again very rapidly, inso-much that the glans penis, and a considerable part of the corpora cavernosa, were destroyed. Neither fumigations nor any other of a great variety of applications appeared to retard the destructive progress of this sore, and mercury was employed. The patient was ordered to rub in two drachms by measure of mercurial ointment every night for five weeks, when his gums became tender and swollen, and his constitution considerably influenced by the mercury, yet no material alteration took place in the disease. The un-availing effect of mercury being proved, the patient went into the country, where all these

these complaints gradually disappeared. His health, however, was still disordered, and new symptoms came on. His nose became slightly affected, and he had pains in his bones. He now removed to the sea-side, and after continuing there for a considerable time, he wrote to me, saying, that ulceration had taken place in his nose, which had destroyed the septum narium, and that the integuments, covering a kind of node on one shin, had formed into a foul and fretful sore. I now recommended an alterative mercurial course. He took five grains of pil: hydrarg: at night, and a pint of the decoct: farfæ daily, and in the course of four or five weeks he was apparently well, having acquired health and strength at the same time. In a second letter he expressed his great surprise at his amendment, and wished for my further directions. I then desired he would take the pil: hydrarg: every second night, if the state of the biliary secretion required it; but as that was not the case he took no more of that medicine, and has since remained perfectly well.

## CASE XXII.

A gentleman had a very irritable sore on the prepuce, just behind the corona glandis, which was covered with slough; this having been thrown off was succeeded by another slough, and the sore spread laterally to the right and left; but it neither extended backwards so as to affect the skin covering the body of the penis, nor forwards so as to touch the glans; neither did it eat deeply into the part so as to affect the corpus cavernosum. I tried various dressings, but none seemed to do much good. I touched the surface of the sore with argentum nitratum, but that did harm. I therefore was obliged to soothe this sore, since I could not correct it. A salve made of spermaceti cerate, with as much aq: litharg: acet: and tinct: opii as could be incorporated with it, seemed to answer best; and the parts were kept cool by enveloping them in linen moistened with the decoction of poppies. The most perfect quietude was enjoined, and the part laid upon a pillow with the extremity rather raised above a horizontal line. I had given the patient some pilulæ hydrargyri in the first instance,



stance, but his constitution was so deranged by the irritation of the sore that it would have been absurd to persevere in the use of mercury. The sore continued to slough, and to extend in a circular direction nearly all round the prepuce, the lower part of which became extremely swollen. This took up nearly two months: about five weeks after the commencement of the disease, a spot appeared more than an inch from the corner of the mouth. It was soon covered over with a scab, which rose far above the surface. It had increased to the size of a sixpence, when I thought right to dress it, that I might distinguish the surface of the sore. I found that the ulcer was very deep, but I could not see the surface for a very viscid discharge, which adhered to it like mucus. Poultices and various dressings were employed, but the appearance of the sore was unchanged, and it gradually became of the size of a shilling. At length a kind of fungus shot from that edge of the sore farthest from the mouth. A similar spot had made its appearance on the ear, and was also increasing. The activity in the disease of the prepuce had gradually declined,

clined, and I began again to try some medicated applications:—the sore seemed much benefited by touching it daily with *argentum nitratum*; but when this was omitted the sloughy appearance of the sore again took place, and it increased in dimensions. It was now agreed at a consultation that this patient should use mercury, and he rubbed in two drachms, by measure, every night for six weeks. As the mercury took effect it seemed to operate beneficially on the spot on the ear, which gradually died away; and on the fore of the penis, which also gradually acquired a healthy appearance, and the parts became sound, except at one part where the prepuce was not quite destroyed, and which still retained an unhealthy appearance. The mercury, however, did not affect the sore on the cheek; the fungus which I mentioned seemed to increase, and, after a time, skin formed over it so that the sore healed in an unhealthy manner at the edge farthest from the mouth. But it still spread in the other direction till it reached the angle of the mouth, and it afterwards extended itself along each lip. On the upper lip it had spread to the extent of one

6

third

third of an inch, and still retained the same diseased appearance which characterized it at the beginning. It was deep, and its surface could not well be seen on account of a viscid matter which adhered to it. It was now agreed in consultation to leave off mercury, lest the irritated state of the mouth should increase the destruction which the ulcer was committing on the lips. The sore now no longer spread; it very slowly lost its diseased state, and healed. This also happened in the remaining diseased part of the sore on the prepuce.

#### CASE XXIII.

##### *Of Sores which become indurated in their Circumference.*

A medical man contracted a sore on the prepuce, which, while it was healing, became indurated in its circumference, and when healed, it became soft and apparently healthy in the middle. The patient had taken and rubbed in mercury from the commencement of the complaint; in short he treated it strictly as syphilitic. When it assumed the  
appear-

appearance and character which I have described, he shewed it to me. I advised him to continue the mercury, in such small quantity as not to affect his health, until the induration subsided, lest from want of this precaution it should fret into a sore. Under this plan of treatment, however, constitutional symptoms occurred. The throat became ulcerated, and numerous small spots came out all over the body. His health was also much disordered, and he could only take such small quantities of mercury, as could have no influence on true syphilis. He took at the same time the decoct: sarsæ. All the symptoms gradually disappeared, and he got perfectly well in the course of a few months.

## CASE XXIV.

A gentleman who had just left London on a visit to some friends in the country, perceived a sore on the prepuce, which he undertook to manage for himself. He dressed it simply, and took from ten to fifteen grains of the pil: hydrarg: daily. After a month he came to town with the sore much enlarged, having diseased indurated edges, but with a  
9 healthy



healthy surface. As his mouth was affected I desired him to continue the mercury in less quantity, so as not materially to disturb his constitution. The sore healed under this treatment, in the course of another month, but it exhibited the appearances which characterize those ulcers of which I am now speaking. It was soft in the middle, but had a circular hard rim, of the extent of a shilling. At this time his health was much disordered, and his throat ulcerated. Deep and foul ulcers also took place in his cheeks opposite to the grinding teeth, and some sores appeared on his tongue. His gums were spongy, and loosened from his teeth, like those of a person having scurvy. I now recommended him entirely to discontinue the mercury, and to take the nitric acid, which he did, in the dose of from 60 to 90 drops daily. Under this treatment, both the constitutional symptoms, and the remaining induration of the primary sore got well in the course of six weeks. Nearly a year afterwards, he had a severe and intractable ophthalmia, attended with nervous symptoms, and disorder of his constitution. After a time,

time, spots again appeared on his skin, and he then applied again to me. By taking decoction of *sarsaparilla* daily, and five grains of *pil: hydrarg:* every second night, at the same time paying attention to keeping his bowels regular, his health was restored, and all these complaints totally disappeared in about five weeks.

These circumstances occurred in the spring of the year, and in the autumn the pituitary membrane of his nose began to ulcerate, and it continued to do so more or less during the whole winter, and even some discharge continued for the space of a year. The ulceration destroyed a great part of the cartilaginous part of the septum narium, so that the *alæ nasi* being less supported sunk a little, and made the termination of the bones apparent beneath the skin. The deformity was, however, too trivial to attract the notice of an indifferent or inattentive spectator. For this disease the alterative plan of treatment which had been so successful on the former occasion was again instituted, though with little advantage. At first, when the patient's appre-

henfions were confiderable, as the alterative courfe of mercury failed to do good, the dofe was increafed even fo as to affect the mouth, but the difeafe was fo evidently aggravated by it, that the medicine was for a time left off and with manifefl advantage. In the autumn of the fucceeding year a new difeafe occurred. A large deep ulcer formed in the throat, which had all the characters of fyphilis. It, however, very fuddenly acquired its largefl dimensions, being about an inch in length and half an inch in breadth. It was fituated obliquely between the top of the tonfil and the front of the velum palati. It was very deep. As fo little fuccefs had attended the alterative courfe of mercury in the ulcerative difeafe of the nofe, and as the progrefs of the prefent ulcer could be noted, no mercury was employed, and in about a month this ulcer was well, and the patient has not fince had any relapfe; and, from the length of time which has fince elapfed, it is highly probable that he never will have any.

I have already faid, that fores which indurate in their circumference do not in

every instance produce constitutional symptoms. Apprized of their nature I generally order for the patients that dose of mercury, which may be taken without affecting the constitution, as a discutient of the hardness, and I have known nearly six months elapse before it has been completely dispersed. This kind of partial induration is so different from the progress of true syphilis, that I think it must be readily granted not to be of that nature. It must however be also remembered, that sores which indurate in all parts are not always syphilitic. As I have already related two instances I think it unnecessary to add more.

Having thus endeavoured to represent the constitutional effects resulting from sores, which differ materially in their characters and progress from syphilitic chancres, I wish to subjoin another case, though I am doubtful whether the disease originated from infection, or was the product of constitutional disorder. I think it deserves to be recorded on account of its duration.



In the year 1793, a gentleman aged twenty-six, who had been married two years, had a paralytic affection of the whole of the left side, from which he gradually but not completely recovered in about nine months, the latter of which he spent in the country, and he attributed much benefit to the country air. About four months from the commencement of the paralyfis, he had an indolent enlargement of the testis as big as a large fist, which did not subside, but in 1796 suppurated, broke, and very slowly got well. In 1797, he had an ulcerated fore throat, for which he went through a very regular and severe course of mercury. He was confined from July to November, and the mouth was in a greater or less degree affected during the greater part of that time. The throat soon got well. The year 1798 he spent in the country, and regained his health and strength in a very considerable degree. In 1802, a node appeared about the middle of the right shin, which was removed by a blister kept open for some time. He had at the same time a pimple on the nose which formed a scabby ulcer, but slowly got well from

from the application of a solution of the hydrarg: muriat: He had subsequently several eruptions, forming scabs upon the trunk of the body and arms which did not ulcerate, and got well without medicine. In 1804, there was a thickening about the os calcis and tendo achillis, which threatened to suppurate. In 1805, I first saw the patient; his tongue was furred, the secretion of bile irregular, with a great degree of nervous irritation. He was also subject to rheumatic pains which particularly affected his knee. I recommended a strict attention to the state of the bowels, and soothing applications, with pressure to the heel. Under this treatment the heel gradually got well and the spots disappeared. In the spring of 1806 some nodes appeared on different parts of the skull, when I told the patient to prosecute the same plan of treatment, and if they got better to disregard them, but if worse, to let me see them. In the autumn of this year, he called upon me with the nodes on his head considerably augmented; one on the right side of the forehead was as big as a large walnut, and threatening to break, and two

on the left parietal bone, but of less size, had broken and healed. There was also a very considerable node near the top of the left tibia, which had been opened by caustic, and had left a foul ulcer. I then recommended the decoct: farfæ with a compound calomel pill, night and morning. This plan was continued from November to the end of May, when the decoction was left off, though the pill was continued in a smaller dose for some time longer. Under this course, which never produced the slightest mercurial effect on the constitution, all these complaints got well, and the patient became healthy and fat, and, as he says, better than he has been from the commencement of his disorders which is fourteen years ago.

This case appears to me to be very similar to that related at page 87. In neither do I believe that the symptoms were the effects of poison imbibed, but on the contrary, of a disordered state of health.

Whilst I was attending this patient, his wife's throat ulcerated to a considerable degree.



degree. Both tonsils were ulcerated, and the ulcer continued from one along the edge of the velum palati to the extremity of the uvula. The ulcers were hollowed, covered by viscid matter, and surrounded by inflammation. I should without hesitation have pronounced these sores syphilitic had they succeeded to a chancre. Another surgeon had no doubt of their nature. The patient's bowels were disordered, and she felt generally unwell. I directed her to take some decoction of sarsaparilla, and small doses of rhubarb, whilst I attentively watched the progress of the ulcer. In the course of a week it was so decidedly amended, that I had no doubt of its not being syphilitic. Where it ran down the side of the uvula, it had granulated, and was in a great measure healed. As the discharges from the bowels were blackish, I directed five grains of the pilul: hydrarg: to be taken every night for a fortnight, which gradually corrected the biliary secretion, and in that time the ulcers were perfectly healed. The patient took the pills every second night for another fortnight when the bowels



being in all respects right, and the constitution in general relieved from all disorder, they were discontinued.

About six months afterwards, this patient being in the country, thought she had caught a cold in her head, as she had frequent occasion to blow her nose, and as she snuffled in speaking; this complaint gradually increased, and after a fortnight had elapsed, she perceived a difficulty of deglutition, which alarmed her, because it reminded her of her former indisposition. She was at this time also very unwell, and felt in the same manner as when her throat had ulcerated. These symptoms gradually increasing, after another fortnight she came to town. There was no doubt but in this second attack ulceration had taken place in the upper surface of the velum palati, for the ulcer had eaten through the soft palate at a small distance from the termination of the bone, there presenting a circular aperture, about as large in circumference as a pea. This complaint was made perfectly well in three weeks, by the same treatment as was instituted in the former. The health  
in

in general, and the digestive organs particularly, were disordered in the second attack as they were in the former one, and both were set right by the measures that were pursued.

I have known many ulcerated throats, which could not, by inspection, be distinguished from syphilitic diseases, and which were even supposed to be so on account of the difficulty of curing them, arise from an irritable state of the stomach, and they have readily got well by the treatment above described.

The foregoing case might have been one of this description. Might it not, however, have arisen from contagion, and have been caught from her husband? I have recorded it chiefly on this account; for I am desirous of mentioning, that I have seen several instances of pseudo-syphilitic diseases communicated from husbands to wives, where there were no sores, nor apparently any morbid discharges from the genitals. If this supposition be true, it would probably be considered as a very curious fact, and I mention it to excite

general observation, by which alone it can be confirmed or confuted. I shall briefly relate another case, suggesting the same opinion.

A gentleman had been my patient on account of a chancre, for which he regularly took mercury so as slightly to affect his mouth. He had afterwards an ulcerated throat, which got well without the use of any medicine. Shortly afterwards he married a very healthy woman, who in about three months became very unwell, and had pseudo-syphilitic diseases, for which a mercurial course was instituted without benefit. As I had attended the husband, I was once consulted on her case. She had then a deep and foul ulcer between the ala nasi and upper lip. Her diseases afterwards got slowly well under a plan of treatment calculated to restore her general health.

I am aware that the cases which I have related by no means represent all that deserves to be displayed, in order to convey to the

reader that extensive knowledge of the subject which a surgeon living in this metropolis may and ought to possess.

For example, I have not related any case to shew that the primary sores, in many instances, are subject to paroxysms of disorder; that they will amend and seem inclined to heal, and when, from their appearance, the greatest hopes are entertained, on a sudden, a renovation of disorder takes place and more parts become diseased or destroyed. This circumstance happens whether mercury be employed or not, and under an equal operation of mercury on the patient's constitution. Also in syphilitic and pseudo-syphilitic affections, sometimes diseases occur which are the effect of derangement of the constitution at large, such as unhealthy abscesses and sores; and whilst mercury, if employed, acts beneficially on the symptoms for which it was administered, it often has a prejudicial effect on these accessory diseases.

I have now lying before me the written records of many cases similar to the foregoing,  
each



each of which exhibits some interesting variety observable in these diseases. I forbear, however, to adduce more instances, from a conviction that recorded cases will never make a forcible impression on the minds of practitioners, and that they merely serve to induce attention to the occurrences which are met with in practice, so as to lead each person by observing circumstances to which he had perhaps before been too little attentive to acquire practical information and knowledge from his own experience.

## SECTION V.

*On the Treatment of Pseudo-Syphilitic Diseases.*

THE impropriety of putting patients under a full mercurial course, such as is necessary for the cure of syphilis, without taking into consideration the nature of the primary sore, or watching, even for a short time, the progress of the constitutional symptoms, must I think, be to every one sufficiently evident. If the constitutional symptoms proceed in the manner detailed in the second section, and get well spontaneously, it would be absurd to use mercury; but if they are progressive, and threaten to destroy parts of importance, even though we may have great reason to believe that they are not truly syphilitic, an alterative course of mercury, with the addition of decoction of sarsaparilla, seems to be, in general, the most efficacious means of effecting a temporary cure.

In the second section, I stated, that after having waited till I was assured that the constitutional

stitutional symptoms were not truly syphilitic, and consequently, did not require for their cure a strong mercurial course, I generally gave the compound calomel pill with a view to shorten the duration of those symptoms. This practice has been said to be ridiculous. I only wish to shew that in general, it is the most successful that can be pursued. The cases which have been related attest, that an alterative course of mercury will cure diseases which a potent one will aggravate; and that neither course can be considered only as producing the temporary effect of curing the present symptoms without eradicating the constitutional disease. In proof of this point, I could adduce the most abundant and clearest evidence. I take the liberty to mention, that some eminent surgeons of this metropolis, who concur with me in opinion respecting the nature of these diseases, are averse to employing mercury for their cure; and as such sentiments and practice may become very general amongst those who clearly perceive that the most powerful mercurial courses will not radically cure these diseases,  
and

and that they will get well without that medicine, I feel it necessary to discuss the subject a little more at large.

I have found a compound calomel pill or five grains of the pilul: hydrarg: taken every second night, sufficient in many cases to heal sores more rapidly than I wished, while in others, the same pill taken every night has been insufficient, and the disease has been controlled and cured when the pill was taken night and morning. The dose which has been most successful, has been one that has not perceptibly affected the mouth nor weakened the constitution; during its use, on the contrary, patients have acquired muscular strength and increase of bulk.

The constitutional symptoms in these cases frequently occur when the patient's health is much disordered, and it may be feared that any course of mercury, however trivial, may increase the weakness and irritability of the constitution. However, it will be found, on the contrary, that an alterative  
course



course of mercury, by controlling the disease, will produce a diminution of irritability, and increase the strength of the patient. All persons who are not familiarly acquainted with the fact are extremely surprised at the wonderful acquisition of bodily strength and vigour obtained by the patient during the use of a medicine which they have always considered as likely to debilitate. The difficulty is to ascertain the precise dose that shall cure the local diseases, without apparently producing any mercurial effect on the constitution in general. This dose must necessarily be various, as the susceptibility of being acted on by mercury varies greatly in different persons.

Respecting doubtful cases, and of this description must many be, which are presented to the notice of a surgeon who has had no opportunity of observing the characters of the primary sore, &c. I wish to ask the following question. If a disease that may be suspected to be syphilitic gets well, when the patient takes only five grains of the pilul: hydrarg: each night, (taking also the decoction

tion of *sarsaparilla* in the day) without the mercury apparently disturbing his constitution, but, on the contrary, contributing to the increase of his strength, ought such a disease to be regarded as syphilitic, and requiring a persevering course of mercury for its cure? Were I to answer this question agreeably to the dictates of my own experience, I should reply in the negative, because I have seen many such instances, wherein it was evident that the disease was of the kind which I have termed *pseudo-syphilitic*. Within these few months three cases have come under my observation, in which the throat was deeply and very badly ulcerated, and the general health greatly impaired; and yet all the patients got well in about a month by such a course of medicine as I have described, increasing in health as the local disease amended, and without any mercurial effect on their constitution being manifest.

This is a point of practical conduct, much deserving of consideration, and requiring to be established. It would appear wrong to use more force for effecting a purpose than is requisite. In syphilis the cure of the diseases

for which mercury is administered is a proof of the sufficiency of the mercurial course. Syphilitic symptoms will not, however, as far as my experience enables me to determine, give way to so trivial a quantity of mercury. Therefore the mode of cure of these diseases may serve as a test of their nature, and as a guide for our conduct on a recurrence of symptoms, in cases where no other evidence can be obtained.

Were this question determined, were it decided, that truly syphilitic symptoms would not yield to an alterative course of mercury, which produced no apparently mercurial effect on the patient's constitution, but under which it acquired a natural degree both of tranquillity and strength, another enquiry would yet remain. Are we warranted in continuing or augmenting the mercurial course, in order to prevent a return of the same or similar symptoms? Were my own experience to direct me in my reply to this question also, I should again answer in the negative; because I have frequently, in such dubious cases, put patients under a full mercurial course, in order to prove, that  
if

any relapse should occur, the disease could not be syphilitic, or curable by such a course of mercury. The cases to which I allude were those of officers and persons of strong constitutions, in which it seemed necessary to establish this fact, with a view to the subsequent treatment of any symptoms that might occur. Yet in these cases new symptoms were manifested. I have also been frequently consulted with respect to the degree to which a mercurial course should be carried, and the time it should be continued, that had been instituted for the cure of pseudo-syphilitic symptoms, which had been mistaken for those of true syphilis; and I have recommended that it should be continued to that degree and for that duration, that should render a repetition of it unnecessary, by proving it to be unavailing, should a recurrence of symptoms ensue. Yet in these cases also, either the same symptoms returned or similar diseases took place, and in most instances these returning symptoms have got well without the use of mercury. The cases also, which I have detailed, shew how unavailing the most potent courses of mercury are, in effecting the radical cure of these disorders.



disorders. It seems therefore better to desist from the use of medicine, when the local diseases are well; and, should they recur, to cure them again by an alterative course of mercury, which appears, from its effects, to be not only innocent, but even salutary. In some cases which I have attended, after having cured the local symptoms by an alterative course of mercury, with the addition of the decoction of sarsaparilla, without producing the slightest apparent mercurial effect on the patient's constitution, I have recommended the continuance of half this innocent quantity of mercury for a considerable time, in order to prevent a relapse, and in many instances, this plan of treatment has seemed to succeed, whilst in others it has failed.

In some cases of pseudo-syphilis, one set of symptoms will disappear without the use of mercury, yet new symptoms occurring, they will be progressive and destructive so as to require mercury for their cure. The reverse of this also happens: one set of symptoms seemed to require, and to have been cured by an alterative course of mercury; yet others, subsequently arising, may disappear without its administration.

nistration. Even an innocent and alterative course of mercury should not, in my opinion, be hastily resorted to. The object which we are to keep in view, throughout the whole treatment of the disease, is to tranquillize and invigorate the constitution, and only to check or cure destructive or very distressing symptoms by an adequate quantity of mercury. Though an alterative course of mercury is so generally beneficial, yet in some instances it aggravates these diseases. There are persons of so peculiar a constitution, that the smallest doses of mercury cannot be given without producing irritation and disorder. Mercury also may fail to be beneficial, when administered at one period of these diseases, and yet have the most desirable effect at another. It may for instance fail to do good at an early period of the disease, when it is in a state of considerable activity, and yet may counteract and subdue it, when its vigour is on the decline. The cases furnish examples of these facts,

Though in general the decoction of sarsaparilla appears to be the best medicine that can be given in addition to alterative doses

of mercury; yet, when the constitution of the patient is weak, it is useful to give medicines of a tonic and cordial kind. This practice is peculiarly proper, when it requires a more powerful operation of mercury than I have in general described, to control and cure urgent symptoms\*.

Such is the result of the observations I have made on the treatment of these most

\* It may be thought by some, that I have relied too much in the treatment of the foregoing diseases, upon the internal administration of mercury, and have not sufficiently tried its effects by inunction. I therefore think it right to explain, that it seems to me immaterial, whether a mild oxyd of mercury, such as should be contained in mercurial ointment, and quicksilver pills, is absorbed from the skin or the alimentary canal. I generally find that as much of the quicksilver pill can be taken internally as is necessary to produce the degree of mercurial affection of the system, which is requisite for the cure of pseudo-syphilitic symptoms, without in the least disordering the functions of the digestive organs; but on the contrary, with evident benefit by exciting and maintaining the natural and healthy actions of those organs.

It is right, however, to add, that the pilul: hydrarg: which I have always employed, has been procured from the Apothecaries' Hall; and that when it has been obtained from other places, its effects have by no means corresponded to what I have represented of them, either in this, or the preceding volume.

vexatious diseases ;—diseases which must, I believe, perplex all surgeons, whatever opinions they may entertain respecting them, and whatever conduct they may pursue with a view to their cure. They, who believe them all to be syphilitic, and regard mercury as the only remedy, must be perplexed by discerning its inefficacy. They who abstain from it must be perplexed by observing the pertinacious nature of the disease, and the frequent recurrence of new and distressing symptoms. They who steer a middle course, as I have done, will not avoid difficulties. Without any particular investigation of the nature of venereal diseases, two different modes of treatment seem to have been adopted by the profession. One party has used mercury liberally for evident reasons. It seemed necessary for the cure of syphilis, and it has been successful in cases of that disease. Believing all venereal diseases to be of that nature, and further incited by frequent recurrence of symptoms, one party of professional men has used mercury, as I believe, in a most injurious degree : whilst others, from witnessing the beneficial effects of an alterative course of mercury in pseudo-syphilitic

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syphilitic diseases, have considered such a course to be all that was necessary in every instance.

No improvement in practice could possibly take place, whilst former opinions prevailed; whilst surgeons regarded every constitutional disease that had the appearance of syphilis to be really of that nature, and treated it accordingly. This was done, whatever might have been the characters and progress of the primary sore from which it originated; and even when it was preceded by no sore, it was considered as an instance of syphilis long lurking in the constitution. Even Mr. Hunter, who so accurately observed diseases, and so clearly distinguished, that there were many diseases resembling syphilis which were not of that nature, must have been exceedingly perplexed in his opinions and practice. As he believed chancres might be modified by the diseased propensities of the constitution, when he met with ulcers in the throat, eruptions, and nodes consequent to such chancres, which, not even his accurate observation could, I will venture to affirm, in many cases distinguish, from those of syphilis, he must, I think, have deemed it right to treat them

them as if they were syphilitic. The cases, to which I now allude, are recorded in the second section.

But in these cases, the symptoms will recur in general after the severest course of mercury. That he met with such cases, and was perplexed by them, may be inferred from his opinions, he having accounted for such failures by saying, that mercury will cure the disease, when in an active state, but will not cure the disposition to diseased actions, which certain parts may have assumed. I believe, however, it will be found that mercury cures both the actions and dispositions to act in true syphilis, and that the perplexing cases were of a different nature to that disease. How far the diseased actions incited by syphilitic poison admit of considerable modifications from peculiarity of constitution in the primary sores or chancres, we have, I believe, yet to learn. There are, however, good reasons for supposing that when a poison is absorbed without inducing a sore, and when that sore is of a nature very discordant to those of syphilis, that the constitutional symptoms will be found equally to differ

differ from those of syphilis in their nature, and require a different mode of treatment.

Having been instructed by Mr. Hunter to believe, that there were diseases resembling the venereal disease, which were different in their origin and progress, having perceived nothing to contradict, but on the contrary, every thing to confirm that proposition, I have in this publication, avowed my opinion of their existence to a far greater extent than Mr. Hunter supposed. Knowing how much opinions influence our judgment and conduct respecting facts which come under our observation, I have even wished that these opinions, if they be correct, might become general and confirmed. Being conscious that they have not been hastily adopted; and that in surveying the facts upon which they are founded, I have endeavoured to keep my mind as unprejudiced as possible, I should think myself guilty of a culpable timidity, were I not to avow them. If the opinions be correct, it must indeed be acknowledged, that cases of true syphilis are much less frequent now than formerly, and for this I have endeavoured to assign a reason in the second section. Well aware  
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how liable an individual is to err, in forming general conclusions from his own limited experience, and conscious that the opinions which I entertained respecting these diseases were different from those of a great number of eminent surgeons, I at first published my observations on the subject in portions; and the same apprehension as to the possibility of error has now induced me to republish them in a less methodical manner than I could have wished. I thought this mode would shew better the rise and progress of those opinions which I cannot but entertain; inasmuch, as they appear legitimately to be deduced from facts. Had I published all I knew and thought, relative to these subjects under another title, had I called the book additional observations on venereal diseases, or on progressive and remittent syphilis, it might have been better received, because it might have been more accordant to the notions of others. Yet in whatever way I might have represented the subject the difference would only have been in the manner of displaying it; there would have been none in the matter to which it related, as that consists of actual occurrences in practice.



*On Diseases of the Urethra ; particularly of that part, which is surrounded by the prostate Gland.*

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SECTION I.

EVERY surgeon will, I believe, acknowledge that an obscurity hangs over the subject of strictures of the urethra, which prevents us from perceiving the cause of many circumstances, which occur in daily practice. Contractions of this canal are sometimes readily enlarged to their natural diameter by the introduction of common bougies, and the cure thus effected is permanent. In other cases it is difficult to procure even a temporary enlargement of the contracted part ; and the stricture returns, when the means by which it was relieved are discontinued. This variety in the event of different cases may, in some instances, depend on the kind and duration of the disease in the strictures themselves ; yet, in many others, I am convinced that it is owing to other circumstances, which it is my design

design to consider in the present paper. Before my observation had been directed to these circumstances, I was much puzzled to account for the discordance in the result of cases apparently similar. I was equally unable to understand some occurrences, like those which are represented in the following case.

## CASE I.

A gentleman, whose life was made uncomfortable by a very frequent and very urgent propensity to void his urine, applied to me for advice. Two strictures were discovered in the further part of the urethra, which did not oppose the passage of a bougie as large as a goose-quill. Some difficulty was experienced when the bougie entered that part of the urethra, which passes through the prostate gland; and the patient complained of pain, which was considerably increased at the orifice of the bladder. The instrument, however, entered the bladder, though with difficulty; and it seemed to be grasped by the sphincter. The prostate was enlarged to twice its natural size; which circumstance seemed to

to me, to explain the cause of the slight impediment which occurred to the passage of the instrument through it. The urethra was unusually long in this patient ; and though bougies had been frequently introduced, I suspect that they had never been passed into the bladder. The patient was of this opinion, from the peculiar sensations which he experienced, and which he had never felt before. He called upon me four days afterwards, said that he was much relieved, and requested to have the operation repeated. The same bougie which had been used before now passed with much greater facility. The patient still felt peculiar sensations, though much diminished in degree, as the instrument went through the prostate. It entered the bladder without difficulty, and without appearing to be grasped. I now introduced a larger bougie, which went through the strictures with less difficulty than the smaller one had done on its first introduction. This produced the same uneasy sensation on entering the prostate ; it was retarded for a moment at the orifice of the bladder, and was slightly grasped at its entrance. All the symptoms were still more re-

lieved

lieved by this second introduction. The same operation was repeated a few times ; at first every fourth day, and afterwards once a week, till a bougie of the largest size could be passed without occasioning any uneasiness. The patient, during the latter part of the time, did not require to void his urine more frequently than is common. He was relieved from a great trouble ; and though many years have elapsed, he has not experienced similar inconvenience.

Such cases as the preceding induced me to suspect that a stricture might exist in the orifice of the bladder. The following case gave me new, and, as I think, just ideas relative to this subject. Whether the opinions be correct or not, the cases, it must be admitted, deserve attention.

#### CASE II.

A gentleman, more than seventy years of age, had experienced for about six years a difficulty in voiding his urine, which gradually increased, till the stream became very small. This was attended with a frequent propensity



sity to discharge the urine, which disturbed him every second or third hour during the night. At last a complete retention took place when he was in the country; and a surgeon attempted to introduce a small catheter, which however was prevented, by a stricture, from passing farther than six inches. The patient immediately came to London, when I directed him to take some castor oil, and to bathe the perinæum and adjacent parts frequently with warm water. After some time the urine flowed again, and he was relieved from the present urgent symptoms. In two days I examined the urethra, and found a stricture at six inches, through which I could not pass even a very small bougie. I touched this with the *argentum nitratum*; but the application did not produce any alteration in the circumstances of the disease. On the third day the bougie passed on to a stricture, at seven inches, which was also touched with caustic; and the same treatment was repeated with another stricture, at the distance of half an inch from this. The bougie now passed through all the strictures, and entered the prostate, when I was obliged to withdraw it  
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Immediately, from a sudden attack of pain and faintness. No enlargement of the prostate was discovered by an examination per anum; nor was it tender when compressed. I told the patient that I considered it very desirable to introduce a tubular instrument into the bladder, but that the minuteness of the stream of urine rendered it doubtful whether this could be accomplished. I requested him to call in another surgeon, that the attempt might be made by us conjointly. A flexible varnished catheter, containing a strong wire, was readily passed into the prostate, but could not be made to enter the bladder. The attempt was not long persevered in, from an apprehension of doing injury, if the instrument were not guided in the right track. No blood flowed upon withdrawing the catheter. A slight retention of urine followed this attempt; but, after a few days, the patient was in the same state as before. On examining the urethra four days afterwards, I found that the smallest bougie would not pass farther than six inches; so that the contraction of the first stricture had been re-excited by the irritation occasioned by our late attempt. As the application of the *argentum nitratum* had so suddenly

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denly and completely relieved this stricture in the first instance, I now repeated this application, although I knew that the stricture was merely spasmodic. In the course of a few days a small bougie was introduced into the prostate, and afterwards a larger one. I now wished to ascertain whether I could pass the bougie into the bladder, or learn, by means of that instrument, the cause of the obstruction. As the patient found that he could void his urine most easily when lying on the left side, it seemed probable that the orifice of the urethra might be found in that direction. I therefore depressed the point of the instrument, and carried the other extremity towards the right groin, when most unexpectedly it went forwards into the bladder. When the bougie was withdrawn, a considerable quantity of clotted blood and mucus, with some matter, oozed out of the urethra; and the patient afterwards voided in a large stream about eight ounces of turbid and foetid urine mixed with mucus; after which he felt as if his bladder were completely emptied. From this time he had no occasion to void his urine more frequently than is natural, and he expelled it in as large a stream, and with as much



much facility, as he had ever done at any period of his life. The bougie was for some time introduced every third day, and afterwards once a week. It passed easily not only through the urethra, but into the bladder, when guided in the direction which has been mentioned. At first the point was soiled with blood and matter, but afterwards these appearances were no longer observable, which led me to conclude that the circumference of the ulcerated orifice of the bladder had completely healed. Two years afterwards this gentleman experienced a recurrence of his former complaints; a small bougie only could now be introduced into the bladder. A larger bougie was passed through the urethra on the next attempt; but was not carried forwards into the bladder, from an apprehension of irritating the prostate. After a few days the larger bougie was introduced into the bladder, and met with a little resistance at its orifice. From this time it passed with the same facility as when I discontinued my former attendance, and the patient found himself equally well. Two years have now elapsed, without any necessity for repeating these operations.



In this case a disease took place in the prostate gland, without producing any evident enlargement or tenderness of its substance, though it had proceeded to a state of ulceration. The disease seems to have operated on the continuous parts in two directions ; backwards upon the bladder, rendering that organ irritable ; and forwards upon the urethra, causing strictures, which were in some degree organic, though chiefly of a spasmodic nature. It must be allowed, however, that the obstruction of the aperture into the bladder by the discharges from the ulcerated surface contributed in a great degree to maintain the irritability of the organ, by impeding the discharge of the urine. This disease was also of a nature that admitted of relief, and the passage of a bougie seemed to effect its cure. It had, however, a tendency to recur, and the use of the bougie lessened the irritability of the part, and arrested the progress of the disease.

The circumstances of this case do not indeed unfold the cause and precise nature of the disorder, which, however, will in my opinion be elucidated by those which follow.

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They induced me to suppose that those instances, which I had formerly met with, and which appeared so unintelligible, were of a similar nature; and they made me particularly attentive to the state of the urethra, where it passes through the prostate gland, as I saw the possibility of this canal being diseased, without the prostate being materially implicated in the disorder. The following case occurred soon afterwards.

## CASE. III.

A gentleman, between fifty and sixty years of age, had for twenty years been subject to occasional fits of dysury. I was desired to see him in one of these, which had been very severe and long continued. He was obliged to void the urine at least every hour. The calls were sudden and urgent, and the pain continued for a considerable time after the urine had been discharged. He had some fever, which such irritation would naturally produce. A moderate-sized bougie stopped at two strictures, but passed through them without much difficulty: when it entered the prostate, the patient complained of burning

pain; of a strong irritation to make water; and grew so faint that I had merely time, by a gentle pressure, to ascertain that the bougie would pass into the bladder: when I withdrew it, the point was covered with blood. The patient was directed to bathe the perinæum with warm water frequently, if the dysury was urgent. He was much relieved by the introduction of the bougie, and did not want afterwards to void his urine oftener than every second or third hour. The calls were less urgent, and the subsequent uneasiness less in severity and duration. After two days, a bougie of the same size was introduced to the extent of eight inches, and withdrawn; no blood adhered to its surface. A smaller bougie, much curved, was now passed into the bladder; the patient complained of the same uneasy sensation as before, when it entered the prostate; but he did not grow faint. The point was bloody for three quarters of an inch, but less so than on its first introduction. More relief was experienced this time. The urine was now voided only every fourth hour. Two days afterwards the bougie was again introduced into the bladder



bladder, considerably curved, and with the point carried along the upper surface of the urethra, where it passes through the prostate gland. The point was soiled with a yellowish fluid, slightly tinged with blood. As the patient was getting much better, the operation was not repeated till after four days, and then after the interval of a week; at which time the blood and the yellow fluid had entirely disappeared. The urine was not voided more frequently than natural, nor was its expulsion attended or succeeded by any painful sensation. The strictures in this case felt firm, and not easily dilatable; I thought it necessary to relieve them, lest they should contribute to re-induce the irritation in the prostate; but the patient felt himself so well, that he was averse to any thing which might renew his former sufferings, and he has had no symptoms of dysury since that period. The prostate in this patient was not enlarged nor tender. Conclusions similar to those, which were deduced from the former case, may be more fairly drawn from this; viz. that a disease may occur in the membrane of the urethra



where it passes through the prostate, and that it may render the bladder irritable, and produce strictures in the urethra; for in this case there was no mechanical obstruction to the expulsion of the urine to produce irritation in the bladder. It also appears, that the disease admitted of relief by the introduction of a bougie.

I have lately met with another case in a younger man, who is between twenty and thirty years of age, and who was afflicted with similar fits of dysfury, the cause of which could not be ascertained. I passed a bougie for him a few times, but found no stricture in the urethra. The same painful sensations were produced in the prostate, as in the preceding cases. The bougie did not appear at the time to relieve the dysfury; but the complaint gradually ceased, and the patient left town. He has been much better since this time, and attributes his relief to the passage of the bougie.

## CASE IV.

A gentleman, about sixty years of age, was affected with dysury, which increased with violence, though various means were employed during two years for his relief. He voided his urine every second hour, or oftener, with great pain and severe irritation; which continued for some time after its expulsion. He had such a sensation of heat and uneasiness in the perinæum, that he could not bear to bring his thighs together; and he was obliged to use a cushion, with a vacancy in the middle, when he sat down. He could not ride in a carriage; nor even walk out, although his general health was good. A moderate sized bougie halted a little at two strictures, and when it arrived at the prostate produced a violent burning sensation, a vehement propensity to void the urine, and extreme pain at about two inches from the orifice of the urethra; which part was always particularly painful during the time of voiding the urine, and after its expulsion. On withdrawing the bougie, which had entered the bladder, its point was found to be covered with blood.

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The prostate being examined, felt rather broader than usual, but was not tender. The patient was relieved by the introduction of the bougie, which was repeated on the third day: it went more freely through the strictures, and the sensations, caused by its passage through the prostate, were diminished. The point of the bougie was bloody. I ascertained that the blood came from that part of the urethra which is situated in the prostate, by introducing a large bougie to the distance of eight inches, and then withdrawing it: the point was not in the least soiled with blood. The second introduction of the bougie, produced considerable relief. The urine was retained longer, the uneasy sensation in the perinæum was diminished, and the patient could walk or sit down more comfortably. The bougie was used every third or fourth day for three weeks; and then once a week for a month longer, its size being gradually increased. The appearance of blood on the point gradually ceased: it was afterwards soiled with a purulent and then with a mucous fluid, which appearances also gradually ceased. The water was now voided  
only



only at intervals of four hours, the subsequent pain being either trivial or entirely wanting; the uneasiness in the perinæum was so inconsiderable, that the patient could walk for several hours, and sit down without pain. The seminal discharges had been attended with extreme pain, so great as almost to produce fainting, before the state of the prostate had been relieved: they afterwards took place without any unusual sensation.

These cases shew that the urethra may become irritable and diseased, where it passes through the prostate gland, without any material disorder of the contiguous parts. They induced me to pay particular attention to the state of that part of the urethra; which attention will, in my opinion, be found of great consequence in directing our treatment of these disorders. As it would render this paper extremely voluminous to detail the particular cases which I have met with, I shall merely relate the observations which I have made, and the inferences which I have drawn from them; that the profession in general may investigate the subject, and determine how far these observations and opinions are correct.

First,



First, then, it has appeared to me that a state of inflammation and irritation may take place in the remote part of the urethra to a greater or less extent. It may produce in the prostate that peculiar sensibility of the part which I have described; and in the perinæum it may cause contractions of different parts of the canal. Either of these affections may be more permanent than the other; even where each part has been equally affected in the beginning. This state of inflammation and irritation is frequently produced by gonorrhœa, though it may occur from other causes. If a bougie be introduced injudiciously, when this disorder first occurs in a gonorrhœa, numerous spasmodic strictures\* are met with; the patient becomes alarmed by the difficulty of passing the instrument, and by the name of strictures, and consults a more experienced surgeon, who directs local warm bathing, and the application of leeches to the perinæum.

\* I have used the term spasmodic strictures in the indiscriminate manner in which it is generally employed, though I am aware that it is objectionable: a stricture from spasm is not a stricture; and a stricture may be irritable or spasmodical, or otherwise.

The disorder is cured; the patient expects that strictures remain; a full-sized bougie is introduced to satisfy him, which passes without the least difficulty. I am unable to determine, whether in such cases the urethra is affected in the first instance in that part which passes through the prostate, as I never made any examination under these circumstances, though I think it very probable that it is so. When a gleet becomes unusually protracted, it is frequently owing to the effects of this disorder in the remote part of the urethra, maintaining a degree of irritation in the front. Under these circumstances, it is allowable to introduce a bougie, when strictures will frequently be found in the perinæum; and in many cases, the patients whom I have attended have experienced those sensations, which are characteristic of tenderness in the membrane of the urethra, where it passes through the prostate. If, therefore, we look to the origin of those cases, which we are called upon to attend in their advanced stages, we might expect to find the disorder of the urethra various with respect to the kind and extent of the disease. That it will be found so in practice

I do not hesitate to affirm, from the observations which I have already made relative to this subject. In some cases, strictures in that part of the canal, which is subject to such contractions, will be the sole disease. In others, an uneasiness, and such sensations as I have described, will be complained of as the bougie passes through the last inch of the urethra, which is contained in the prostate gland. In some cases also, the strictures will be the less degree of the disease, and the irritation in the prostate the greater; and in some cases it will be found that nothing is discoverable which can fairly be denominated a stricture, and yet the tenderness which I have described exists in a most painful degree.

A student of the hospital who had a slight gleet, but of long continuance, having also some pain and irritation after voiding his urine, though without any frequent desire to void it, passed a bougie, which arrived at the prostatic part of the urethra without impediment, or causing him to feel any particular uneasiness; but when it glided on through the prostate, it occasioned, he said,



a burning pain and irritation, so peculiar, as not to admit of description; and so severe, that he could not have believed it, but on the evidence of his own senses.

My observations have also led me to believe, that the inflammation of the testis, which is so frequent an attendant on gonorrhœa, is excited by inflammation of this part of the urethra, and not by a sympathy between that gland and the urethra in general.

In deducing these diseases from the inflammation which gonorrhœa excites, I mean only to trace them from a very common origin. The same disorders frequently take place without having been preceded by that complaint. An attention to the circumstances, which have been mentioned, seems to me to explain the contradictory events which happen, when a similar plan of treatment is pursued for the cure of diseases of the urethra. When strictures are the sole disease, they are often readily, and generally permanently, cured. When an irritation, such as I have described, exists in the prostate,



prostate, it is difficult to enlarge the contracted portions of the canal; and, when that is accomplished, the strictures recur, as a cause of irritation to the urethra still continues. In some cases, the enlargement of the strictures fails to mitigate the dysury, and in others it is augmented by the measures which have been employed to cure the strictures, when the state of irritation at the neck of the bladder has been unadverted to. Many patients have applied to me under these circumstances, after having been under the care of other surgeons. They have stated, that small bougies only could be passed in the first instance, and that though the largest could now be introduced, the complaint was no better; nay, some have thought themselves materially worse. A bougie has passed in these cases eight inches, without meeting any considerable obstruction, or exciting much sensation; but, after this point, it caused a most acute and burning pain, with vehement desire to make water. Some have enquired if I was withdrawing the bougie, whilst it was slowly proceeding, and some have complained of great pain in the front of the urethra. Similar cases have occurred

curred in my own practice. I have relieved strictures, without materially benefitting my patients; of late years, I may venture to say, without making them worse; because I have been cautious not to hurt the canal, where it passes through the prostate.

Some cases of disorders of the urinary organs are made worse by the attempt to cure strictures: and I think I deliver an important admonition, to the younger part of the profession, when I caution them to beware, in their attempts to cure strictures, that they do not irritate nor injure the last inch of that canal, where there are no strictures, but in which considerable disorder may nevertheless exist.

In some cases of diseased urethra, which I have not unfrequently met with, strictures are found, through which a small bougie passes with difficulty; and it produces those sensations, in passing through the prostate, which I have described, as peculiar to that part of the canal when in a diseased state. The patient, however, experiences relief from the

introduction of the bougie ; and if it be passed again on the third day, it will meet with no obstruction from the strictures, and cause less uneasiness in passing through the prostate. I have then taken a bougie of a larger size, such as it would have been impossible to introduce in the first instance, and this has passed through the strictures to the distance of eight inches ; but I have forbore to carry it any farther, lest I should irritate the urethra near the neck of the bladder. It appears therefore to me, that you may relieve or aggravate strictures in such cases in proportion as you diminish or augment the morbid sensibility of the remote part of the urethra ; and an attention to the state of this part is on this account of the greatest importance.

Having thus adverted to the probable origin of the disease, which I am endeavouring to describe, and its connection with strictures, I proceed to observe, that such a state of morbid sensibility in that portion of the urethra, which passes through the prostate, may perhaps exist as a symptom of an irritable bladder. If the lining of the bladder be inflamed

flamed and irritable, it is probable that the disorder will extend into the urethra for some small distance. In the fourth case, I believe that the disease in question was complicated with an irritable state of the bladder; but whether it was to be considered as an adjunct circumstance, or in the relation of cause or effect, cannot be determined. The irritability of the bladder was diminished, but not cured, by the treatment which lessened this disease. In one gentleman, who apparently died of an irritable bladder, and who complained of the sensations, which I have described, in an acute degree, on the bougie passing through the prostate, the diseased parts were examined, but very trivial morbid appearances were discovered. The lining of the bladder was not perfectly natural, and was inflamed; yet the diseased appearances were not striking; and in the urethra the deviation from the healthy structure was still less observable.

It is not improbable, however, that such a morbid sensibility of the prostatic urethra may arise from an irritable bladder. Perhaps,



also, it may occasionally arise from the irritation of the last stricture. Many patients with strictures, who complained much of the sensations at the neck of the bladder, at the commencement of the treatment of their complaint, have asserted, that they felt no unusual sensations when the bougie passed through the prostate, after the strictures had been cured. Yet, though I would admit that a tenderness of the canal of the urethra in the prostate may sometimes arise from its proximity and continuity with the lining of the bladder, or with the last stricture, I think it more frequently exists as an original and independent disease. It has been shewn, that it may render the bladder irritable, and excite contractions in the urethra. Some cases have been adduced, which shew that this state may exist, and yet the bladder may not be constantly irritable, but that it may be affected by fits. I have also met with a case where this sensibility existed in an extreme degree, and yet it seemed to have very little influence on the bladder. I have likewise known this irritable state of the urethra complicated with enlargement of the prostate.

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I proceed, in the next place, to relate what I have observed respecting the treatment of the disease, which I have been describing. The three first cases shew, in a striking manner, the advantage derived from the introduction of bougies; and I have seen many similar ones, though I scarcely think so demonstrative of the utility of this mode of treatment. I know some patients with occasional attacks of dysury, and who have this tenderness of the remote part of the urethra, in whom the passage of a bougie, together with warm bathing of the perinæum and adjacent parts, very speedily relieves a disease, which had proved very tedious and distressing, before these measures were adopted. If a bougie be introduced, for the first time, in a case of this description, severe pain is felt, and faintness is occasioned: if this operation be repeated three days afterwards, the pain perhaps is much less severe, and it may diminish at each succeeding introduction of the instrument. Should this be found to be the case, surely nothing need be farther said in commendation of this mode of treatment. The morbid sensibility of parts is diminished

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nished by it. This happened in the three first cases in a remarkable degree, and I have known it take place in many others. Nor is there any thing in this event that should excite surprize: every surgeon is familiar with the same circumstance, with relation to strictures in the urethra. The first introductions of a bougie are very painful; the subsequent ones become to be even disregarded. Still, however, I think it may be useful to dwell a little on this subject, and to consider the probable causes of these effects, as it may tend to establish rules for our conduct in practice. It appears to me, that we diminish the morbid as well as the natural sensibility of parts by doing them a degree of violence, short of that which produces a kind of re-action in them, by which their sensibility is heightened. This is, indeed, the consideration which guides my practice in these and in many other cases. If, even in strictures of the urethra, the sensibility of the canal becomes increased by the introduction of bougies, or, in other words, if inflammation is excited, surely it is wrong to prosecute such measures at this juncture. If the morbid sensibility be diminished, we  
may

may use more freedom in the prosecution of our measures. In passing the bougie, in the cases now under consideration, it ought at first, I think, to be so small as not at all to distend the irritable urethra. I have always curved it considerably, and kept the point in contact with the upper surface of the urethra, as it passes through the gland. I recommend warm bathing to the perinæum, with a view to obviate or diminish irritation. If I find, on the second introduction of the bougie, the sensibility of the parts diminished, it induces me afterwards to proceed more freely ; but at all times with a caution excited and regulated by the consideration which I have mentioned. Now, though such conduct has been successful in many instances, I am concerned to state, that it has failed in some others ; and, when I clearly ascertain that I am not likely to succeed, I cease to make farther attempts by the introduction of bougies, and pursue only general methods, such as warm bathing, bleeding by leeches, &c. When there are strictures, which it is right to enlarge, and when the irritation of the prostatic part of the urethra is not relieved



by the measures which have been suggested, I pass the bougie through the last stricture, without carrying it on, so as to irritate the tender part of the urethra, which lies behind it. A knowledge of the nature of diseases cannot but be desirable, even though it does not enable us to cure them all. If strictures are removed, and dysfury remains, I believe it is common to consider it as arising from an irritable bladder: now, though this may be generally true, there are many exceptions. I do not find that attention is paid to that description of cases, which makes the subject of the present paper: I was unacquainted with them till I met with the cases which I first mentioned: the knowledge which I have thus obtained, has enabled me to afford relief in many cases, and has prevented me from error in others.

## SECTION II.

*On the constitutional Origin and Treatment of  
Diseases of the Urethra.*

HAVING in the preceding section, pointed out one cause which renders strictures and other diseases of the urethra difficult of cure, in this, I shall advert to another; I mean a state of irritability and disorder of that canal, produced or maintained by constitutional causes. To explain my ideas on this subject, I wish, in the first place to excite the attention of the profession to the constitutional origin of disorders of the urinary organs. That they are very liable to be disordered by the state of the health in general, is very apparent. Indigestion becomes a cause of foul and unhealthy urine, in consequence of much unassimilated matter being conveyed into the blood with the chyle. Nervous irritation affects the kidney and impairs its functions, so that whilst under its influence, scarcely any thing but water is separated by that organ from the blood. The nervous irritation at the same time operates  
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on the bladder, and creates a frequent and sometimes urgent desire to void this unstimulating urine. Many persons during the day, or until they have dined, are greatly incommoded by this circumstance; whilst on the contrary, after dinner, nervous irritation ceasing, and the urine becoming in consequence loaded with salts and animal matter, the bladder will retain the acrid urine, even in a large quantity, for a great number of hours.

In other cases, nervous irritation takes place, and limpid urine is frequently voided after dinner; which I merely mention, because it may tend to throw light on the cause and nature of the nervous irritation\*. If the kidneys and bladder can thus be operated upon by nervous irritation, it is reasonable to suppose, that the urethra will participate

\* The qualities of the urine are sometimes the only circumstances by which we can discover that there is general irritation of the nervous system; they also denote imperfect digestion; they may further indicate the state of the blood; and for all these reasons they deserve particular attention and investigation,

in the affection; and I am convinced by numerous observations, that many diseases of the urethra, in both sexes, originate from a continuance of this kind of constitutional dysfury. The cases of such diseases occurring in females who have passed the middle period of life, will probably be considered as affording the most unequivocal proofs of the correctness of these opinions. Under such circumstances, I have known in different instances, strictures in the urethra, induration and tenderness of the whole tube, and even ulceration of its orifice to ensue. Though I have seen relief obtained in cases of this description by bougies and local remedies, yet I believe the treatment of such diseases ought to be constitutional, and that such treatment will succeed in curing the disease without local remedies. I know one instance in which the dysfury had been very severe, and two considerable strictures had formed in the urethra; there was also a thickening accompanied with whiteness and hardness of the membrane of the vagina, causing a contraction in the orifice of that canal; yet all dysfury ceased, and no inconvenience was experienced upon

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the patient's acquiring better health ; which change was effected partly by medicine, and partly by removal into the country. Women will suffer a great deal from these disorders before they reveal their distress ; and when from the urgency of the symptoms, and the belief that they have a stone in the bladder, they are willing to submit to examination, the disorder may be speedily and completely relieved and cured by means which have the effect of tranquillizing nervous irritation. It may be useful to relate a case in proof of this assertion.

#### CASE V.

A lady, between thirty and forty years of age, who had long suffered very considerably from dysury, agreed to permit an examination to be made of the nature of a disease, which, from the severity of its effects, she could but believe to be of a very serious and alarming nature.

On enquiry, I found, that though she voided her urine frequently, and with great  
pain

pain, yet it flowed freely, and that she did not suffer that extreme and continued pain afterwards, which is generally the consequence of the stone.

I found also, by enquiry, that her bowels were not in a proper state, and her tongue was much furr'd. Supposing that a state of nervous irritation might be caused or aggravated by disorder of the digestive organs, I objected to making any examination of the state of the urethra, &c. till the functions of those organs were put right by medicine; because I was aware that nothing but a conviction of the indispensable necessity of examination would have induced her to submit to it. In a very short time, the state of the primæ viæ being corrected, and her health in general amended, all dysfury completely ceased.

Dysfury of this description is liable to occur in paroxysms. I have known it alternate with disorders of the bowels, and with rheumatic affection, which I think, shews that there is a common constitutional origin, producing

ducing such various complaints ; and I repeat, that I have known such dysfury lead to actual disease of the affected organs. It is very common for men, who have been married many years, and who perhaps never had gonorrhœa, (or if they had in their youth, it is probable that it had left no disorder in the canal of the urethra,) to gradually acquire, as they advance in life, diseases of the urinary organs. Surely, then, the origin of such diseases must be regarded as spontaneous, and likely to be induced and maintained by whatever occasions irritation in the affected organs.

There is, however, no period of life exempt from this kind of dysfury. Children are frequently much affected by it, and at that age when the bodily powers are generally in the greatest vigour, if they become disordered, dysfury occurs in common with other diseases. I have mentioned in the first part of these observations, in speaking of the constitutional origin of local diseases, that I have known dysfury of this description.

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I subjoin another striking case of constitutional dysfury, occurring in a child.

#### CASE VI.

A child, about two years of age, became affected with dysfury, for the relief of which, various means were tried without benefit: on the contrary, the symptoms increased, and strikingly resembled those occasioned by a stone in the bladder. The calls to void the urine were frequent and urgent, and the pain afterwards very severe. There was an elongation and stricture of the orifice of the prepuce, which induced a surgeon who attended the child, to divide that part, as he thought it might contribute to the difficulty experienced in expelling the urine. Under these circumstances, the child was examined by a surgeon of great professional eminence, who had no doubt that the symptoms were caused by a stone, which he thought he felt; yet recommended that no operation should be attempted till it had increased in size. The child continued to suffer in the same manner for two years, when I was desired to  
examine



examine him. I could not, however, discover any stone, and upon enquiry, I found that the child complained of considerable pains in his loins, and that his digestive organs were greatly disordered in the manner that I have described in the first volume of these observations. Unirritating and undebilitating doses of the pilul: hydrarg: were given every second night, and strict attention was paid to keep the bowels clear, without inducing what is ordinarily called purging. The effect of this treatment was surprising, all the symptoms were immediately relieved, and they completely ceased in a month, at which time the functions and secretions of the digestive organs appeared to be so correctly healthy, that all medicine was discontinued. After some months, a slight relapse of dysury took place, which immediately ceased, upon resuming for a short time the same plan of treatment; and the boy has since remained perfectly well, though several years have elapsed.

If, then, irritation of the urinary organs, even to a degree productive of local diseases  
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in them may occur from constitutional causes, and more apparently from a disorder of the digestive organs, I need not then urge the propriety of our endeavouring to keep the latter organs, as nearly as possible, in a state of health, whilst we are endeavouring to relieve the diseases of the former by local measures. Of the beneficial effects of such conduct, I could relate many instances, but it does not seem necessary to detail cases in proof of so self-evident a proposition. I have explained in the first volume, my ideas of the mode by which relieving disorders of the digestive organs, relieves and cures local diseases ; and in local diseases of the pelvic viscera another reason may be suggested for the benefit which is obtained. It has been observed, that in disorders of the digestive organs, the lower part of the intestinal canal is frequently most affected. Irritation in the rectum must affect the plexus of nerves, from which not only that intestine, but the pelvic viscera in common derive their energies ; and thus it may lead to a similar participation of disease.

## SECTION III.

*On some Effects of Diseases of the Urethra.*

I SHALL take the present opportunity of exciting the attention of the profession to some effects of disorders of the urethra, which have not hitherto received in my opinion a sufficient share of attention. If a violent affection of this canal can produce a corresponding degree of inflammation of the testis, as it frequently does in gonorrhœa, it may reasonably be expected, that a less degree of disorder in the urethra may produce a milder irritation of the testis, which may terminate in a slow disease of that gland. Indeed it has appeared to me that there are two circumstances causing irritation and consequent disease of the testis: one is, disorder of the urethra; and the other, that derangement of the constitution at large, which I have described in the first part of these observations. I need not point out how inefficacious any local treatment of an irritated or diseased gland must be, whilst we leave the causes  
which

which produced it still to operate in full force for its continuance. I proceed to relate a few cases, in which irritation originating in the urethra first caused, and subsequently maintained, disease of the testis.

#### CASE.

A gentleman who had been confined with a chronic disease of the left testis, which had proved very refractory and irreducible by various means employed for its cure, applied to me when the gland was four times its natural size, and very hard. I recommended the application of three or four leeches once a week, a bread and water poultice at night, and aq: ammon: acetat: during the day.

This treatment was pursued for six weeks with very little benefit. I then changed the poultice to one made of linseed, over which mercurial ointment was spread. The ointment was also rubbed upon the scrotum in the morning, and a soft rag applied over it. The patient likewise took a compound calomel pill every night.



This treatment was also persevered in for about six weeks, but with no manifest advantage. I then put two setons\* through the scrotum, and continued the poultice at night and a dressing of spermaceti cerate during the day. Under this treatment the testis diminished very considerably in size, but at the end of two months, the setons had gradually come out, in consequence of the ulceration which they occasioned. Shortly afterwards, the testis became painful, and it enlarged to its former dimensions, so that no advantage was obtained from all these endeavours to reduce the disease. I had frequently enquired of this patient respecting the state of his urethra, and been as often told that he was not conscious of any disorder existing in that canal. Now, however, on repeating my enquiries, he said, that he had

\* Setons may be conveniently made and worn in the scrotum. I first employed them in conformity to those general principles which regulate our conduct in the treatment of local diseases; and I have known several instances of diseased testis, which resisted various local modes of cure, and even considerable courses of mercury yield, and get well when setons were employed.

remarked the stream of urine to be small, and that the calls to void it were more urgent than formerly. On passing a bougie, I found two strictures considerably contracted and a tender state of the urethra where it passes through the prostate. These diseases being relieved, all irritation in the testis ceased, and the enlargement rapidly subsided; so that in two months it was scarcely larger than the other, and all disease had ceased. This happened without any other local application than a poultice at night, and support by a bandage. Even the poultice at night was soon discontinued. This patient has had no return of disease of the testis, and many years have elapsed since the occurrences which I have been relating.

The following case was drawn up by a medical man, of considerable information and talents, who was himself the subject of it, and who was convinced with respect to his own case, of the truth of those opinions which I am now offering to the public.

## CASE.

—————, ætat. thirty, about four years since had an uneasy sensation in both testicles, which, however, occurred so seldom, and was so trifling, that he paid little attention to it; about a twelvemonth after, he found the left testicle harder than natural, but not enlarged; for some time previous to this, he had been obliged to void his urine very early in the morning from great irritation to do so; but not too frequently during the day; and occasionally had a tightness and sense of constriction in the perinæum, with frequent aching pain in the glans penis. The testicle remained in the above-mentioned state (without pain or increase) till March 1806, when he received a blow from an accident on horseback; no violent pain was immediately felt, nor did any apparent alteration take place till about a fortnight after, when he perceived the testicle larger and much harder than it had hitherto been; and it gradually though slowly increased till the end of August, when he saw Mr. Abernethy. The testis was at this time of twice its natural size, hard and painful

ful to the touch. Leeches were applied once a week, and the testicle was kept suspended, and wrapped during the day in a cloth dipped in tinct: opii: and water, and an evaporating poultice was applied at night. By this treatment it gradually became less, but the hardness still continued. He saw Mr. A. again in September, and was then desired to rub camphorated mercurial ointment upon the testicle, and cover it with a soap plaster. The testicle still kept decreasing, but remained equally indurated till the twentieth of November, when it swelled with considerable pain and irritation, and began to adhere to the scrotum \*. He again saw Mr. Abernethy, who introduced a small bougie, and found a stricture about six inches from the orifice of the urethra, and a second the eighth of an inch from the former. The bougie passed without much pain or difficulty through the strictures, till it came to the prostate when much pain and sensation

\* The testis was now about three times its natural size, and at the upper part of the epididymis, the scrotum had adhered to the subjacent part, and was so inflamed as to indicate the probability of the formation of an abscess.



of heat, irritation, and a strong inclination to make water were felt ; the bougie, however, passed into the bladder, and was closely held by the sphincter. The perinæum was then ordered to be bathed night and morning with warm water, and a bread and water poultice to be applied to the testicle, which were done, and at the end of the week, the pain and irritation in the testicle were greatly relieved ; the same bougie was then passed, but with greater ease, and the painful sensations which had before been felt on its entering the prostate were much diminished. The warm bathing and poultices were continued, and the same bougie passed at the end of the following week with still greater ease and slighter sensations. At the end of the third week the strictures were touched with kali pur: which produced little irritation ; and on the week following a much larger bougie passed with ease ; the warm bathing and poultices being continued in the interval. During the three following weeks the large bougie passed with great ease ; no irritation was felt after it, and the sensations, whilst it was going through the prostate, were slighter each successive time.

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The testicle at the end of this time, (seven weeks) was reduced to its natural size, and was become nearly undistinguishable from one that had never been diseased.

Shortly after the first introduction of the bougie, all the shooting pains and occasional uneasiness of the testis ceased, and it so rapidly and regularly declined as the state of the urethra amended, as to leave no doubt but that the amendment of the testis is to be ascribed to the relief of disorder in the urinary canal.

#### CASE.

A gentleman between twenty and thirty years of age, consulted me on account of an hydrocele, from which I discharged about six ounces of fluid. The testicle did not appear enlarged, but both it and the bag of the tunica vaginalis seemed very tender to the touch. I recommended that the parts should be supported, and that Goulard's wash, should be applied. In about six months the tunica vaginalis was more distended than at first, and as the part was troublesome from  
its

its size and sensations, it was again punctured; and the same circumstances were noted upon the evacuation of the water. The hydrocele again collected, and when it was full, which happened in about six months, the patient was desirous of having the tunica vaginalis injected, in order that he might be made radically well. As there was nothing prohibitory except the tenderness, I consented to his desire; but when the fluid was discharged this time, he complained of greater pain than formerly, and could scarcely bear me to touch the testicle, which made me dislike to perform the operation, and it was therefore postponed till the next time that the hydrocele should become full. I thought it right, however, to direct the application of leeches, once a week, and of linen kept damp with Goulard's wash\*. Under this treatment  
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\* I have known many cases of hydrocele, the consequence of irritation and inflammation, cured by evaporating washes: and it would be right to distinguish the kind of hydrocele, upon which such treatment may be expected to have beneficial effect. Without such discrimination, a surgeon, seeing a hydrocele cured by these means, would prosecute

the hydrocele filled very slowly. After four months had elapsed, the patient consulted me relative to sores which frequently broke out upon the prepuce ; some of which were very tardy in healing. He also was subject to a considerable collection of that substance which is secreted to moisten and lubricate the prepuce. I told him that these symptoms were the effects of irritation of the prepuce, and was led to enquire more particularly into the state of the urethra than I had done before, because I thought both the disorder of the testis and the prepuce might originate in the same cause, that is, disease in the urethra. On examining that canal with a bougie, I found strictures, and a tender state of it where it passes through the prostate. By local warm bathing, and the occasional and gentle use of bougies, the morbid sensibility of the canal

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the same measures in an indolent, and, as I may call it, dropical hydrocele; or finding the means fail in many cases from their indiscriminate use, he may be induced to consider the treatment upon the whole as inefficacious ; and thus neglect it in cases, in which it is likely to be beneficial.

was



was diminished. The strictures were touched with kali purum, and in conclusion, I could pass a large-sized bougie without occasioning any particular uneasiness in one part more than in another.

The effect of this treatment was, that the remaining fluid of the hydrocele was soon dispersed, and the testis was no longer irritable or painful when compressed, so that even the suspensory bandage was laid aside, nor has any inconvenience been experienced since that time, which is more than four years ago.

The fores also on the prepuce healed, and that part was much less irritable, but it still remains so in some degree; indeed, fores have been since contracted from sexual intercourse, which circumstance may perhaps have contributed to prolong the disorders of that part. I also suspect that the urethra may again have become in some degree irritable.

In the foregoing case, it is said, that the habitual occurrence of fores on the prepuce,  
led

led me to suspect disorders of the urethra ; and this is an effect of such disorders, which I think has been but little adverted to, and which is nevertheless deserving of particular attention. That disorders of the urethra do, in many cases, cause temporary or continual irritation in the external parts which are continued from its orifices, I shall prove by the recital of a few cases.

## CASE.

A gentleman between forty and fifty years of age, had for fifteen years been subject to sores about the prepuce and glans, so as to oblige him to pay constant attention to prevent and control them. He had consulted many eminent surgeons, who recommended various washes and modes of treatment. A new application had generally the effect of healing the sores, but when persisted in for some time, gradually lost its effect. When the patient consulted me, the whole of the skin covering the glans, and lining the prepuce, was thickened and white, and the prepuce was so thickened, that though it was naturally large and loose, it was difficult to unfold

unfold it. There were numerous fores of an oblong form in the transverse direction, appearing like chops, covered by adhering pus. I told the patient that it was necessary to enquire whether there were any cause maintaining this irritable state of the prepuce, and mentioned that I had observed it very frequently to depend upon strictures of the urethra.

The patient had no suspicion that he had such disorder, for he voided his urine readily, and not much more frequently than is common. Upon examining with a bougie, however, several much contracted and very firm strictures were discovered; and these being relieved, the fores on the prepuce healed without any further attention, than what cleanliness required. The foreskin became soft and pliant, as did also the skin which lined it, and is extended over the glans. This case occurred many years ago; and as I have not seen the patient since, I conclude that the relief which he thus obtained was permanent.

To shew that strictures may exist in the urethra, and may perhaps prove the cause of more vexatious disorders, though the original exciting cause escapes observation, I may mention an instance which occurred to a medical man.

#### CASE.

This gentleman had been subject to sores which frequently broke out on the prepuce without any evident cause. There was not, however, any striking evidence of general irritation in that part, as in the former instance. Sometimes the sores which occurred, put on the appearance of chancres; and in consequence of the advice of his friends, he underwent a salivation. The sores for which the mercury was employed, healed under the use of that medicine, but broke out upon its discontinuance. He then consulted me, and upon my mentioning my suspicions of strictures existing in the urethra, he smiled at the opinion, and said that it might be given to patients in general, but not to those of the medical profession. I told him that nothing would convince me that I was in error, but his



his permitting me to examine by means of a bougie. Two considerable strictures were found, and these being relieved, the sores healed under simple dressings. The gentleman, however, did not reside in London, and I know not the further history of the case, which I mention merely for the purposes that have been stated in the beginning.

I have also seen a very troublesome phymosis, in which the prepuce could not be retracted without great difficulty and pain, depending upon the same cause, in a case in which the patient had been long accustomed to the daily use of bougies\*; but after the  
strictures

\* As strictures of the urethra depend on a disordered state of parts of the canal, so when the introduction of simple bougies fails to cure them, the too frequent use of those instruments sometimes keeps up and aggravates an irritation, which might otherwise, perhaps, subside. This is a subject foreign to my present purpose; but I mention it, to introduce the following case, which deserves publication.

A gentleman more than fifty years of age, had for more than twenty years been in the habit of introducing bougies for himself, which he generally kept in for an hour daily.

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strictures had been touched with kali, and the constant use of bougies desisted from, the phymosis relaxed, and the prepuce could be

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At length his urethra became so irritable, that he could scarcely void his urine, which he was frequently called upon to attempt. Apprehensive of caustic bougies being employed, he consulted me, and I found I could introduce a small bougie without much difficulty; it halted at several strictures, but with very gentle pressure it passed through them. I recommended him to bathe the perinæum and contiguous parts with warm water, by means of a sponge, night and morning, and told him, I wished to introduce the bougie again after three days had elapsed. He was extremely apprehensive that the passage would completely close during the interval, and strongly remonstrated against such inefficient practice. On the third day he acknowledged that he passed his urine more freely, and the bougie which I had first introduced went through the urethra without impediment. I took one of a little larger size, and passed it with the same sort of resistance which the first had met with. The warm bathing was continued, and by pursuing these measures for three weeks, I passed a bougie one-third larger than he had been able at the best of times to do for many years.

The patient now voided his urine in a large stream, and not more frequently than is common; in short he felt himself perfectly well. Since that time, no bougie has been introduced, except once, annually by myself, that he might be assured that the strictures had in no degree contracted.

retracted without the least difficulty or uneasiness.

These cases are related to shew, that irritation and diseases may be induced in parts, which have a sympathetic connection with the urethra, even where the original affection may have been too trivial to attract attention. It appears to me to be of the utmost importance to investigate, as far as possible, the causes of diseases; for how can we expect to cure the effect, while the producing cause continues to operate? The secondary disease may also become even of an established or malignant nature, if there be diseased propensities in the constitution or affected part.

Diseases in the canal of the urethra may not only cause such effects as I have represented, by producing a state of irritation on the continued surface of the glans and prepuce, but they may also cause sores contracted from sexual intercourse to be very irritable, peculiar, and slow in getting well. I have seen many such instances, but none in

which the fact was more strikingly apparent than in the following case.

## CASE.

A gentleman, who had just arrived in this country, had connection with a female, which was followed by general irritation of the prepuce, and surface of the glans. Shortly afterwards six sores formed, three of which became of considerable size. I desired him to wash the parts three times a day with the poppy-fomentation, and to encircle the penis by linen kept damp with it, in order to lessen the heat of the part. He at the same time took five grains of the quicksilver pill night and morning.

After some days, he could no longer retract the prepuce, so that he was obliged to cleanse the part by means of a syringe. After a little time, a weak solution of zincum vitriolatum was tried, but the pain it occasioned was too severe to permit its continuance. It was therefore left off, but after four days tried a second time, when the pain which it occasioned was very tolerable, and



as it diminished daily, it allowed us to increase the strength of the wash.

After a few days he was able to retract the fore-skin, when the smaller sores were healed and the principal ones had granulated, so that a fungus bulged forth above their surface; they appeared of a tawny colour, and their edges were slightly thickened. I slightly touched these sores every third day with argentum nitratum, which appeared to do them much good. The vitriolic wash was continued. In about five weeks from the commencement of the disorder, the patient was quite well. The mercury had occasionally affected the bowels, which obliged the patient frequently to omit his pill in the morning. It never affected the gums, nor did I urge the continuance of it, after his sores were healed, because I did not believe them to be syphilitic.

About three weeks afterwards, being in company with some dissolute females, he had his passions much excited, and one of them forcibly compressed the penis with her hand.

hand. The irritable state of the foreskin again took place, and a great number of fores broke out, particularly behind the glans, which appeared like chops, being long and not wide, and the matter, which they discharged, adhered to the surface.

After a few days he could not retract the prepuce, so that I can give no distinct account of these numerous fores. It appeared that they were very fretful, for the external skin became inflamed opposite to them; and they gave much pain when pressure was made on the inflamed part.

The external inflammation and tenderness on pressure changed their situation, shewing, that a sore which was most fretful at one time, became less so at another.

The fores were, however, so painful as to prevent the patient from sleeping; and as no amendment of the complaint took place in three weeks, though various local measures were employed during that period, the patient wished to use mercury, and I ac-

quiesced in his desire. As this medicine formerly affected the bowels, I desired him to rub in two drachms by measure every night, which was done for one week, without any amendment in the fores, or indeed any perceptible effect on the constitution. The patient now complained of a pain in the perinæum, when he voided his urine; and I directed him to bathe that and the contiguous parts for seven or eight minutes, with comfortably warm water by means of a large sponge, three times a day. This produced a most evident diminution in the irritability of the fores, and convinced me that there was a stricture; I therefore introduced a bougie, and found two strictures, the front one of which was so tight and tough, as to admit but a small bougie to pass through it, which it grasped and indented. The warm bathing was continued. I touched the stricture with kali, as Mr. Whately has recommended. From the time that the stricture became an object of attention, the fores had so rapidly amended, that in a few days the patient was enabled to retract the prepuce; when it was found, that though the fores had been  
numerous

numerous and extensive, they had been merely superficial, and had not destroyed any part. From the time that I first passed the bougie and ascertained a stricture, the mercury was discontinued, nevertheless the sores healed so rapidly, that in ten days they were perfectly well.

After the sensibility of the stricture had been heightened by the touch of the kali, the patient complained of acute pain in the sores when he made water; and once, when I touched some of the sores with argentum nitratum, he complained of equally sharp pain in the perinæum.

I lately attended a married man, who had been for many years tormented by occasional sores forming about the prepuce, which were so irritable, as to be prohibitory of sexual intercourse. In the last attack they were considered by several surgeons as syphilitic, but as they had not the characters of that disease, I dissuaded the patient from the use of mercury otherwise than as an alterative. This patient upon taking food had the pain and inflam-



inflammation of his fores so aggravated, that he was obliged to rise from table, and bathe the affected parts with warm water. These fores immediately lost their irritability, and even rapidly got well, upon a stricture in the urethra being relieved by local warm bathing and the use of bougies.

I have still further to observe, with respect to the occasional consequences of diseases of the urethra, that many diseases of the glands in the groin originate from them. I shall not, however, detail any cases in evidence of this fact. It will be sufficient to say, that I have seen several cases of enlarged inguinal glands dispersed by relieving disorders in the urethra; and I have seen instances of foul and irritable fores, losing their diseased characters, and healing from the same cause. The latter event is not, indeed, likely to be a frequent occurrence.

In a gonorrhœa, the glands in the groin are commonly irritated, and sometimes slightly swollen; the swelling rarely increases and suppurates, except in cases where there  
is

is a predisposition to disease in those glands. If then, irritation in the urethra, occurring from gonorrhœa, can thus affect the inguinal glands, it may be rationally inferred, that other causes of irritation of the urethra may produce similar consequences. Nocturnal emissions are also commonly the effect of morbid irritability or disease of the urethra; and it seems therefore irrational to attempt to cure them by tonic medicines or sedatives, without adverting to the state of the urethra. Indeed in many of the persons who are subject to these discharges, the morbid sensibility of the urethra is connected with a disordered condition of the digestive organs; which is of itself a sufficient cause of great weakness and hypocondriac feelings. After thus adverting to such causes, we cannot wonder at the terrors felt and described in cases of *tabes dorsalis*. That diseases of the urethra may exist without producing the consequent diseases which I have been describing is very manifest; that such diseases may arise, independently of the causes to which I have attributed them, is also evident. My object therefore is merely to announce, that I have  
very

very frequently observed the diseases, which make the subject of this section, to arise from a disordered state of the urethra, leaving it to the experience of the public to determine, how far such cases may be regarded as frequent occurrences in general practice.

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